### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH  •. COUNTY  Frederick  MARYLAN	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) e. STATE b. COUNTY Frederick
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)  BPUNSWICK	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) 413 East **A**	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?  YES \( \text{NO} \)
3. NAME OF First Middle DECEASED (Type or print) Wallie Franklin	Ayres DEATH 11 30 19 61
5. SEX  Male  6. COLOR OR RACE 7. MARRIED NEVER MARRIED Wildowed Divorced Divorced	8. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, exen if refired)  Refire Company of the Refired Ref	DUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Virginia U.S.A.
13. FATHER'S NAME Charles Ayres	14. MOTHER'S MAIDEN NAME  Mary Baker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, po or unkown) (Ifyesgive were detesofservice)	Irs. Pearl Ayres, Brunswick, Maryland
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Carcinomatosi  DUE TO	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if eny, which gove rise to immediate ceuse (e), steting the underlying ceuse lest.  (b) Carcinoma of OUE TO  (c) Mutiple Myelo	
	THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO   NO
	CURED. (Enter neture of injury in Pert I or Pert II of item 18.)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20d. INJURY OC	De. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased for saw the deceased alive on NOV. 30. 19.61., and	from JULY 1 19.61 to NOV 30, 19.61, that (I) (we) last I that death occurred at
22e. SIGNATURE	M.D. ATTENDING MED. STAFF SIGNED 12-1-61
22c. PHYSICIAN'S NAME (Type) C.T. Byron Kao, M.D.	Gum Spring Hollow, Brunswick, Md.
Buria (pecify) 12-2-1961 Brethern	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS  ADDRESS  Brunswick, Maryla	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  DATE DEC 5 '61 Crithun & Kraus

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FOR STATE HEALTH DEPT TO D. VUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death tony delay is necessary, ple execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 at funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59 MARYLAND STATE DEPARTMENT OF HEALTH

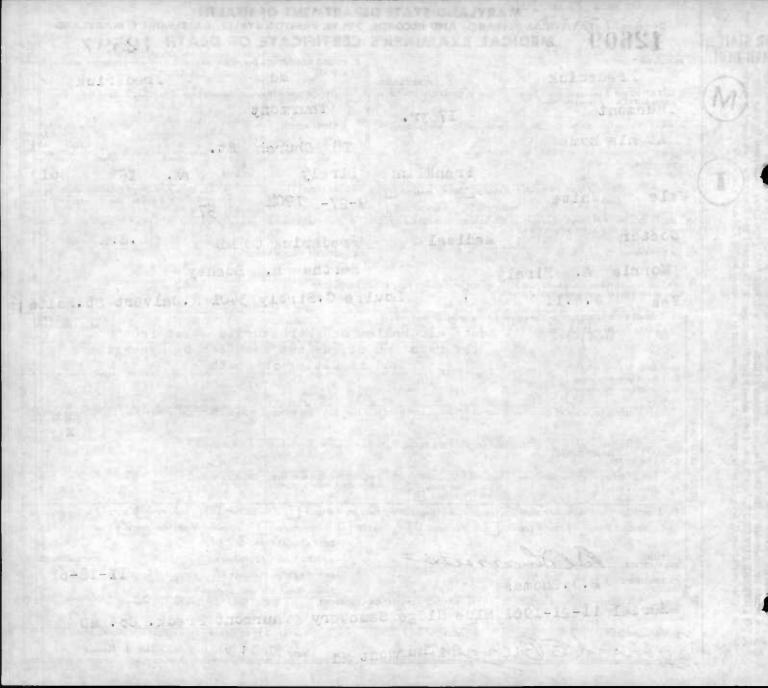
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANI

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	
12608 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2596

•		H				2. USUAL RESI	DENCE (Who	ere deceese	ed lived, If i	nstitution: Resid	dence baf	ora admission)	
		derick		MARY	LAND	e. STATE Ma	ryland		b. COUN	TY Frede:	rick		
	write RURAL en	d give neerest town)	,	since-19		c. CITY OR TO	WN (It outside				ve neares	t town)	
1			not in hospi			d. STREET ADD		r-itul	الساء عمد			IS RESIDENCE	
	Ball Road					Ba	ll Road	d			1	ON A FARM?	
		First		Middle	13-10	Last	4. DA		Month	D	ay	Year	
V	(Type or print)	SADIE		NICHOLSO		BARTHOLOW		ATH	No	vember	2,	19 61	
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  Frederick—Rural RD#2  d. NAME OF HOSPITAL OR INSTITUTION (if not in h Ball Road  3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE 7. MARR  Female  10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  House—work  13. FATHER'S NAME  James White  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 100  16. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  Conditions, if any, which gave rise to immediate cause (a), stelling the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS COUNTY (CAUSE OF DEATH)  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH  20c. TIME OF INJURY Month, Dey, Yeer death resulted from: Natural causes X ACTUAL SIGNATURE  EXAMINER'S B. O. Thomas, Market (Type)  BUTIAL  12a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  BUTIAL  11.—14—61	7. MARRIED	NEVER MARRIE	D   B.	DATE OF BIRTH		9. AG	E (In yeers )	IF UNDER 1 YEA	_	NDER 24 HRS.		
4	Frederick  b. CITY OR TOWN (if outside corpowrite RURAL end give neerest Frederick—Rural Id. NAME OF HOSPITAL OR INSTITE BALL ROAD  3. NAME OF HOSPITAL OR INSTITE BALL ROAD  5. SEX  6. COLOR OF Female  10e. USUAL OCCUPATION (Give kind done during most of working life, ever House—work  13. FATHER'S NAME  James White  15. WAS DECEASED EVER IN U.S. ARA (Yes, no, or unkown) (Hyesgivewerer Ne)  18. CAUSE OF DEATH [Enter of PART I. DEATH WAS CAUSE IMMEDIATE CAUSE (a), stelling the underlying cause last.  PART II. OTHER SIGNIFICANT  20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.  20e. TIME OF INJURY Month, Hour e.m., p.m.  21. I certify that I took of death resulted from: National Cause of Death.  ACTUAL SIGNATURE	White	Separ	ated DIVORCE		10 Feb 18	82	79	birthdey) yrs.	Months Dey	s Hou	Irs Min.	
-			10b. KIN	ND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE	(State or foreig	n country)		12. CITIZEN	OF WH	AT COUNTRY?	
1				t Home		Maryla	nd			USA			
-	13. FATHER'S NAME				1	14. MOTHER'S MA	IDEN NAME						
			136 /			Mary Pe	rrell						
				OCIAL SECURITY N	O. 17. I	NFORMANT		2-110	Address				
		in youghto wor of dales of set		None	Mrs	. Roberta	M. O'	Bryan	, Elk	ridge 2'	7. Me	l.	
	18. CAUSE OF	DEATH [Enter only one	cause par lin	a for (a), (b), and (c	:).]							L BETWEEN	
1	PART I. DEA	TH WAS CAUSED BY:	Coron	ary Throm	bosis					1116	Minu	ND DEATH	
	420,0	470.0											
1		Antenio colenatia Honet Digange											
		diate cause		100110-Borel 0016 Meal O Dibease								TOOTD	
Т		underlying DUE TO											
I.			ONS CONT	DIRLITING TO DEAT	H BUT NO	T BELATED TO THE T	EDMINIAL DICE	ASE CON	DITION CIVI	Chi Ibi Da DT 1/-	10 10	AC ALITORCY	
	PARI II. OTHI	K SIGNIFICANI CONDITI	ONS COM	KIBOTING TO DEAT	H BOI NO	RELATED TO THE I	EKMINAL DIST	EASE COM	JITION GIVI	CN IN PART I(a		ERFORMED?	
	5										YES	NO KX	
- 1		ONTRIBUTING [	b. DESCRIB	E HOW INJURY OC	CURED. (E	ntar natura of Injury	In Pert 1 or Per	1 II of item	18.)				
	20c. TIME OF INJ Hour a.m.		20d, IN Whila at work	Not While	20e. PLA	CE OF INJURY (Homory, streat, office bldg	e, ferm, 20f.	(City or to	own)	(County)		(State)	
			the rema	ins described ab	ove, hel	d an Autopsy	, Inspec	tion TX.	Inquir	y XX a	nd in m	y opinion	
				Accident .	Suici			4444	rmined m	End!		, spinion	
1	Geom resulted	ironi, italulai cau	A,	, iccident	Juici		ICAL EXAMINI	-	mines in				
	ACTUAL.	BAD			7			-	1		Dem	CICAINA	
1		1000h	100	na		M.D.	MEDICAL EX	AFRY	1		DATE	SIGNED	
		B. O. Thoma	s, M.	D.			DICAL EXAMI	12.5-	y)	3 Nov	1961		
1			)F 2	2c. NAME OF CEM	ETERY OR	CREMATORY	22d, L	OCATION	(Clty, town,	or country)		(Stata)	
	Burial	17-7-07	1	Mount Oli	vet C	emetery	Fred	deric	c, Mar	yland			
-	23. FUNERAL DIRECTO	Chison & So	n. Fre	ederick, l	Mamer]	24a.	. REC'D BY RE	GISTRAR	24b. REGI	STRAR'S SIGN	ATURE		
	Frank	I Ami	The V	4/	man y L		TE NOV 6	'61	0	thur 8. H	aus		
-	0,00,00	I Volly	nij	V .		, 571	- NUT 0	V. 1		2. 10			

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1 1 1	1 tems 18 &21 Film 30 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	AND
FUR STATE	126(11) MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12597	
HEALIH DEPI.	1. PLACE OF DEATH   2. USUAL RESIDENCE (Where daceased lived, if Institution, Rasidence	batora admission)
Page les.	Frederick Maryland Md Frederic	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give needs town)  Thurmont  c. LENGTH OF STAY IN 1b  Thurmont  Thurmont	rast town)
oar din	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	ON A FARM?
de de la de	At his home 18 Church St.	YES NO
E 10 (2) 00	3. NAME OF First Middle Lest 4. DATE Month Day	Year
3 4 k	(Type or print) M Franklin Birely DEATH NOV. 18	196I
wiith with	WO D IN THE WORK WORK WAS A STATE OF THE PARTY OF THE PAR	UNDER 24 HRS.
1 20 DE	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF V	VHAT COUNTRY
8 - 9 -	Doctor Medical Frederick Co MD U.S.A	
hoor ages thin thin	13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME	
4 6 5 5	Morris A. Birely Bertha B. Bushey	
HO BIE 6	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	
s. COUNTY Fr  a. COUNTY Fr  b. CITY OR TOWN  Thurmon  d. NAME OF HOSE  At his  should be executed the certificate, writing the word "pending the word "pending the word "pending the word "pending the word of non-religious to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.  Thurmon  d. NAME OF HOSE  At his  should be in the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.  See 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of the Capture of the Chief Medical Examiner's Diffice along with form PM3. Page 5 may be retained for your files.  See 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of the Capture of the Captu	Yes Yes (Fixesgivewarardalasofservice) } Louise C.Birely 340I N.Calvert St	Balta
o exection of the state of the	PART I. DEATH WAS CAUSED BY:   Acute alcoholism and barbiturate that from   ONSE   322,0   DUE TO   The reaction of the two resulted by Synergism	VAL BETWEEN T AND DEATH
icate sl ending miner's ed as a	10)	
is certification ord "poord" poord "poord" poord is a same of the contraction or the cont	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	PERFORMED?
ER:		
KAMIN b, writin he Chie Page 3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)  Hour a.m.  p.m. 19   Annual County (County)   Factory, street, office bldg., etc.)	(Stata)
D tion of the prior	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in	my opinion
HE GO #	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner K	
DIO CONTROLLE	CHIEF MEDICAL EXAMINER	
S D S FE		E SIGNED
AIL AIL	DEPLITY MEDICAL EXAMINER TT -T8	3 <b>*</b> 6I
P S S S S S S S S S S S S S S S S S S S	EXAMINER'S R.O. Thomas	
sti sti	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)	(State)
0 g 4 0 g	That the design that mont freak. Co. MI	)
VS. A15ME		
5M 7/59	Taymond & Greager Thurmont Md DATE NOV 21 '61 Chims & thomas	



# the funeral executed within 24 hours after stely filled in by Pages and in any event, within 72 hours af descriptions of may be retained by the hospital or attending physician. OFFICERAL DIRECTOR: After this certificate has been signed by the attending physician and confidence of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hospitals. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

VR A15 (4)

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12610 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before a. STATE b. COUNTY FREDER

1. PLACE OF DEATH	2. USUAL RESIDE	ICE (Where deceased lived, If institution: Residence before admission
. COUNTY F is h m = /s	a. STATE	b. COUNTY AF AFA
FREDERI		FREDERICK
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16 c. CITY OR TOWN	(If outside corporate limits, write RURAL end give neerest town)
IATIN MADET	One X IAT	IN MARKET
VIEW WITH IN LET	20 yes 1	W/W/T/) / E
d. NAME OF HOSPITAL OR INSTITUTION (If not in he	d. STREET ADDRES	
3. NAME OF First	Middle	
DECEASED		OF 41
(Type or print) FRAUE T	S Part -112 BAMS/H	FADEATH NOV. 8 196/
		9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Tra. 1 = 1.11.	in a	last birthday) Months Deys Hours Min.
FUNALE   VIHITE   WIDOW	VED DIVORCED DEC.25	1891 69 yrs.
		inty & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if refired	S POST AFFICE	115
BEILLED LOSIMAST	ED	ND USA
13. FATHER'S NAME	14. MOTHER'S MAIDE	NAME
TIDE ORTHA IA	レハノ ド ド ヤ かんてん	DEILE MANDE
	0212	DELLE MOUNT
	6. SOCIAL SECURITY NO. 17. INFORMANT	Address
MA D	14.91500 MRS MANRI	SEFREF-ULWMARKET
18. CAUSE OF DEATH Ifnter only one cause on		
		ONSET AND DEATH
IMMEDIATE CAUSE (e)	Cawam nessi	wen House
1100.1	Coronary vecu	Willon House
420,1 DUE TO	A	
420, DUE TO Conditions, if any, which (b)	A	
Conditions, if any, which geverise to immediate cause	A	
Conditions, if any, which geve rise to immediate cause (a), stelling the underlying DUE TO	A	
Conditions, if any, which geve rise to immediate cause (a), stelling the underlying cause lest.	Caronay artery de	resie years
Conditions, if any, which geve rise to immediate cause (a), stelling the underlying DUE TO cause lest.	Caronay artery de	INAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
Conditions, if any, which geve rise to immediate cause (a), stelling the underlying DUE TO cause lest.	Caronay artery de	resie years
Conditions, if any, which geve rise to immediate cause (a), steting the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO	Coronary artery de	INAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?  YES \( \begin{array}{c} 19. WAS AUTOPSY PERFORMED? \\ YES \( \begin{array}{c} NO \( \begin{array}{c} \end{array} \)
Conditions, if any, which geve rise to immediate cause (a), steting the underlying DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CO	Coronary artery de	INAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?  YES \( \begin{array}{c} 19. WAS AUTOPSY PERFORMED? \\ YES \( \begin{array}{c} NO \( \begin{array}{c} \end{array} \)
Conditions, if any, which geve rise to immediate cause (a), steting the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO	Coronary artery de	INAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?  YES \( \begin{array}{c} 19. WAS AUTOPSY PERFORMED? \\ YES \( \begin{array}{c} NO \( \begin{array}{c} \end{array} \)
Conditions, if any, which geverise to immediate cause (a), steting the underlying DUE TO  Cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO Part I or Pert II of item 18.)
Conditions, if any, which geve rise to immediate cause (a), stelling the underlying DUE TO  Cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DITRIBUTING TO DEATH BUT NOT RELATED TO THE TERM ESCRIBE HOW INJURY OCCURED. (Enter neture of injury in the second of the second	INAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO Part I or Pert II of item 18.)  rm, ; 20f. (City or town) (County) (Stete)
Conditions, if any, which geverise to immediate cause (a), steting the underlying DUE TO  Cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURED. (Enter neture of injury is injury occurred)  4. INJURY OCCURRED  200. PLACE OF INJURY (Home, faile Not While)	INAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO Part I or Pert II of item 18.)  rm, ; 20f. (City or town) (County) (Stete)
Conditions, if any, which geve rise to immediate cause (a), steling the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  20a. ACCIDENT WAS UNDERLYING CONTRIBUTIONS CO.  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m. 19	ESCRIBE HOW INJURY OCCURED. (Enter neture of injury is factory, street, office bldg., e	INAL DISEASE CONDITION GIVEN IN PART 1(e)  19. WAS AUTOPSY PERFORMED?  YES NO Part I or Pert II of item 18.)  Tm, 20f. (City or town) (County) (Stete)
Conditions, if any, which geve rise to immediate cause (a), steling the underlying DUE TO (cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Whour a.m. p.m. 19 20d Whi at w. 21. I certify that (I) (this hospital) atte	ESCRIBE HOW INJURY OCCURED. (Enter neture of injury is factory, street, office bldg., ended the deceased from	INAL DISEASE CONDITION GIVEN IN PART 1(e)  19. WAS AUTOPSY PERFORMED?  YES NO   To Part I or Part II of item 18.)  (County)  (State)  19. (County)  (State)
ODUE TO  Conditions, if any, which geve rise to immediate cause (a), stelling the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20s. TIME OF INJURY Month, Dey, Yeer Whom a.m. p.m. 19  21. I certify that (I) (this hospital) atte	ESCRIBE HOW INJURY OCCURED. (Enter neture of injury is factory, street, office bldg., ended the deceased from	INAL DISEASE CONDITION GIVEN IN PART 1(e)  19. WAS AUTOPSY PERFORMED?  YES NO Part I or Part II of item 18.)  19. WAS AUTOPSY PERFORMED?  YES (County) (State)  19. WAS AUTOPSY PERFORMED?  YES (NO PART II)  19. WAS AUTOPSY PERFORMED?  YES (NO PART III)  YES (NO PART IIII)  YES (NO PART IIII)  YES (NO PART IIII)  YES (NO PART IIIIIII)  YES (NO PART IIIIIIIIIIIIIIIIIIIIIIIIIIIIII
ODUE TO  Conditions, if any, which geve rise to immediate cause (a), steling the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  20s. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY MONTH, Dey, Yeer Whom a.m. p.m. 19  21. I certify that (I) (this hospital) atte	ESCRIBE HOW INJURY OCCURED. (Enter neture of injury is factory, street, office bldg., ended the deceased from	INAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO Part I or Pert II of item 18.)  Tom, 20f. (City or town) (County) (Stete)  19. \$\frac{1}{2}\$, to \tag{County} (Stete)  19. \$\frac{1}{2}\$, to \tag{County} (Stete)
Conditions, if any, which geve rise to immediate cause (a), steling the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  20a. ACCIDENT WAS UNDERLYING 20b. DI.  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m. 19 20 Whist with the deceased alive on	ESCRIBE HOW INJURY OCCURED. (Enter neture of injury in the injury occurred)  A. INJURY OCCURED  A. INJURY OC	INAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED?  YES NO Part I or Pert II of item 18.)  Import I or Pert II of item 18.)
Conditions, if any, which geve rise to immediate cause (a), steting the underlying DUE TO cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m. 19 20 Whimpon 19 20 Whimpon 19 20 Market 19 20	ESCRIBE HOW INJURY OCCURED. (Enter neture of injury in the state of the term o	INAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO Part I or Pert II of item 18.)  Tom, 20f. (City or town) (County) (Stete)  19. \$\frac{1}{2}\$, to \tag{County} (Stete)  19. \$\frac{1}{2}\$, to \tag{County} (Stete)
DUE TO  Conditions, if any, which geve rise to immediate cause (a), steting the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CO  20s. ACCIDENT WAS UNDERLYING   20b. DI OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m. 19  21. I certify that (I) (this hospital) atte saw the deceased alive on	ESCRIBE HOW INJURY OCCURED. (Enter neture of injury in the injury occurred)  A. INJURY OCCURED  A. INJURY OC	INAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED?  YES NO Part I or Pert II of item 18.)  Import I or Pert II of item 18.)
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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

MARYLAND

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CEK		LA		OF.	DE	АІП

E OI DEATH	12599
	lived. If institution: Residence before admission
o. STATE Maryland	b. COUNTY Carroll

c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

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	OR INSTITUTION			s)	d. STREET ADDRESS		0/	X	-]		DENCE FARM? NO
	NAME OF DECEASED (Type or print)		First	Middle	Brundette	4. DATE OF DEATH			er 3	'	reor 19 <b>61</b>
-	Female	6. COLOR OR RAC	WIDOWED K	NEVER MARRIED DIVORCED	8. DATE OF BIRTH  6 Jan 1874		9. AGE (In years last bushday) yrs.	Months Months	R 1 YEAR Days	Hours	R 24 HRS. Min.
100	OR INSTITUTION  Frederick Memorial Hospital  NAME OF SECEASED Type or print)  SEX  6. COLOR OR RACE White WIDOWED  USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired)  At Home  Milton  1. Beacraft  Was DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT  Address  Address			ZEN OF WHAT COUNTRY?							
13.	FATHER'S NAME Milton	L. Beacra	ft	14							b .
	s, no, or unknown)   {		of service)			e, Da			and		377
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Z	gave rise to in cause (a), stating t lying couse last.	the <u>under-</u>	(c) A17.	BUTING TO DEATH BU	OA S	NAI DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	19. WAS	AUTOPSY
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200. ACCIDENT WAS UNDERLYING 200 OR CONTRIBUTING 200 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		CCURRED. (Enter noture of injury in Po	rt I or Part II af item 18.)
20c. TIME OF INJURY Month, Doy, Year	20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, form,	

Haur While Not while at work a. m. p. m.

(County) (Stote)

(Stote)

3/0 21. I certify that (I) (this hospital) attended the deceased fram.\_\_\_ I and that death occurred an M. from the causes and on the date stated above saw the deceased alive an 220. SIGNATURE 22b, DATE

22c. PHYSICIAN'S NAME (Type) Robert S. Hughes, M. D.

24. FUNERAL DIRECTOR'S SIGNATURE Son, Frederick, Maryland

MED. 22d. ADDRESS

3 Nov 1961

E. Church St., Frederick, Md.

23a. BURIAL, CREMATION, 23b. DATE THEREOF BREMOVAL (Specify) 11-6-61

12611

b. CITY OR TOWN (If autside corporate limits, write

PLACE OF DEATH
o. COUNTY Frederick

RURAL and give nearest town)

23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery 23d. LOCATION (City, tawn, or county) Frederick, Maryland

25a. REC'D BY REGISTRAR DATE

25b. REGISTRAR'S SIGNATURE Orthur S. Krause

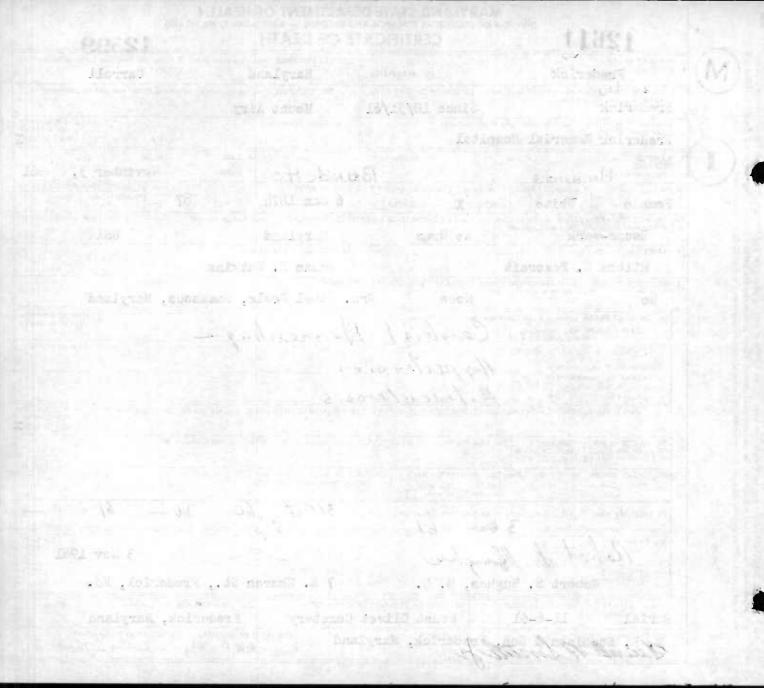


TO FU

VR A1S (4)

15M 9/S9

MEDICAL



dead Page 4 may be retained by the hospital or attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dead. Page 4 may be retained by the hospital or attending physician and concept the filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pleasy remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

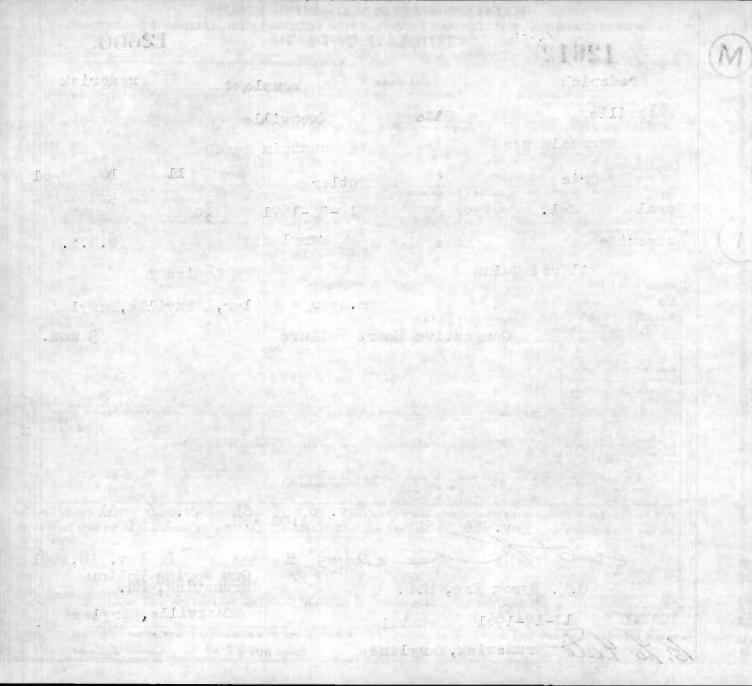
### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12600

b. CHAPTION Described in the control of the control	1.	PLACE OF DEATH	19 17 1 19			2. USUAL R	ESIDENC	E (Where dec	eesed lived, If	institution: R	esidenc	e before e	dmission)
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NAME OF DECRASED (Type or print)  5. SEX  6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   DEATH   11   16   1961  10. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10. SUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10. SUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10. SUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10. SUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10. SUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10. SUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10. SUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10. SUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10. SUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10. SUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10. SUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10. SUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10. SUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10. SUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  11. MOTHER'S MADEL NAME  12. CAUSE OF DEATH (Einter only one ceuse per line for (e), (b), end (c).  12. FART I. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) IP, WAS AUTOPY YES   NO   MOST AND DEATH I (e) IF WORK   E)  10. ACCIDENT WAS UNDERLYING   DATE THE SUAL OCCUPATION (Give body)   Stellar (Give body)   Stel		d. NAME OF HOSPIT	AL OR INSTITUTION (if	not In ho	spitel, give street eddress)	8. STREET	ADDRESS						
DECREASED (Type or pind)  (Typ		Mc	untain Re	ad		Moun	tain	Read					
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The control of the co	5.	SEX	6. COLOR OR RACE	. MARRIE			1	9.					
done during most of working life, even if relired House Wife 13. FATHER'S NAME  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DICEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  (Ves., no. or unknwn) (lifysegive word delerolservice)  18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY:  (b) DUE TO  Conditions, if eny, which geve rise to immediate ceuse (e), stelling the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED?  PART II. OTHER WAS UNDERLYING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED?  PART II. OTHER WAS UNDERLYING TO THE TERMINAL DISEASE CONDITI	3	Femal	Col.	WIDOWI	DIVORCED [	10-25-	1871			Months	Deys	Hours	MIn.
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The George Butter, Knexville, Maryland   The George Butter, Knexville, Maryl			Alirod G	uin	A.			L	ouisa	?			
B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]    PART I. DEATH WAS CAUSED BY,   Congestive Heart Failure   MERCHANDEATH 3 MON.					SOCIAL SECURITY NO. 17.	NFORMANT			Address				
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20c. TIME OF INJURY Hour e.m. p.m.  19  20d. INJURY OCCURRED While Not While et work   2De. PLACE OF INJURY (Home, ferm, fectory, street, office bldg., etc.)  21. I certify that (I) (this hospital) altended the deceased from 10.V.a	Z	PART II. OTHER	SIGNIFICANT CONDITI	ONS COL	NTRIBUTING TO DEATH BUT NO	OT RELATED TO T	HE TERMINA	AL DISEASE C	ONDITION GIV	EN IN PART	1(0) 15	PERF	UTOPSY RMFD?
20c. TIME OF INJURY Hour e.m. p.m.  19  20d. INJURY OCCURRED While Not While et work   2De. PLACE OF INJURY (Home, ferm, fectory, street, office bldg., etc.)  21. I certify that (I) (this hospital) altended the deceased from 10.V.a	AT.	20 22 A 573									Y	-	
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21. I certify that (I) (this hospital) attended the deceased from NOV													
21. I certify that (I) (this hospital) attended the deceased from NOV	5		RY Month, Dey, Yeer						or town)	(Cou	nty)		(Stete)
21. I certify that (I) (this hospital) attended the deceased from NOV	AED AED		10		A LAOI AAUDIO	0,7, 1,100,70,1100	,,						
saw the deceased alive on	-	-		15		Mor 6	1	067 4	L AL IV	6 106	57 "	-1 (1)	to al Jane
226. SIGNATURE  226. SIGNATURE  ATTENDING PHYS. DIRECTOR PHYS. NOV. 18, 1961  226. PHYSICIAN'S NAME (Type) C.T. Byron Kao, M.D.  226. BURIAL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 11-19-1961  236. BURIAL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 11-19-1961  237. DATE SIGNATURE  228. DATE SIGNED PHYS. DIRECTOR PHYS. NOV. 18, 1961  238. BURIAL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY NO		21. I certify It	nat (I) (this hospita	il) affer	ided the deceased from.	N.O.V. a O.7	:00	A.M.	ra.⊙. ra. • · · · · · · · · · · · · · · · · · ·	.1, 191	۱۲ بناداد	nar (1) (	we) last
ATTENDING PHYS.   MED.   STAFF   Nov. 18,1961    22c. PHYSICIAN'S NAME (Type)   C.T.   Byron Kao, M.D.   22d.   ADDRESS   Cum   Spring   Hollow   Brunswick, Md.    23e. BURIAL, CREMATION, 23b.   DATE THEREOF   23c.   NAME OF CEMETERY OR CREMATORY   23d.   LOCATION (City, town or county)   Knoxville, Maryland    24 FIDERAL DIFFCTOR'S IGNATURE   ADDRESS   25e.   REC'D BY REGISTRAR'S SIGNATURE		saw the decease	ed alive on	.V.a.,	19.0 and that	death occur	ed at	M, from	the causes	and on t	he da		
22c. PHYSICIAN'S NAME (Type)  C.T. Byron Kao, M.D.  22d. ADDRESS  Gum Spring Hollow Brunswick, Md.  23e. BURIAL, CREMATION, 23b. DATE THEREOF 12-1961  REMOVAL (Specify) 11-19-1961  ADDRESS  DIRECTOR PHYS. NOV. 18, 1961  22d. ADDRESS  23d. LOCATION (City, town or county) (Stete) Mountain  23d. LOCATION (City, town or county) (Stete) Mountain  24 FIDERAL DIRECTOR SIGNATURE  ADDRESS  25e. REC'D BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE		22e. SIGNATURE		X		ATTENDIN	G - MI	ED	STAFE			22b	. DATE
22c. PHYSICIAN'S NAME (Type)  C.T. Byron Kao, M.D.  22d. ADDRESS  Gum Spring Hollow Brunswick, Md.  23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)  11-19-1961  Mountain  24 FIDERAL DIFFCTORY SIGNATURE  ADDRESS  25e. REC'D BY REGISTRAR'S SIGNATURE		-6	1.2.		- CN					Nov.	. 1	8.19	61
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVALA (Specify) 11-19-1961 Mountain 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						22d. ADD	RESS	Gum	Spring			1	
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 11-19-1961 Mountain 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		NAME (Type)	C.T. Byr	on 1	Kao, M.D.			Brun	swick;	Md	LOW		o on no up on an en managem
REMOVAL ASpecify   11-19-1961   Mountain   Knoxville, Maryland   24 Fiberal Diffectors Signature   Address   250. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE	23	BURIAL, CREMATIC				OR CREMATORY		23d. LOCA	TION (City, to	wn or county	/)		tete)
24 FINHERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	1	REMOVAL (Specify)			Manadani			Kno	xvill	e, Mar	yla	and	
14 1 July	-		70	7701		1	OF- DECL						
18. All Telle Druiswick, Mary Land DATE NOV 22 01 Cirling & Trans	24	FINERAL DIRECTOR	36.1										
	6	Tople To	elle bru	msw]	ek, Maryland		DATE N	ON ZZ O		irllung d	. The	ws.	



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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12613 CERTIFICATE OF DEATH 12601

1. PLACE OF DEATH a. COUNTY Fred	erick		MARYLAND	2. USUAL RESIDENCE (Where dacassad livad, If institution: Residence bafora edmission)  a. STATE Maryland  b. COUNTY Frederick						
b. CITY OR TOWN (if write RURAL and Frederic	outsida corporata limite giva naarast town)	,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outsida corporata lim		URAL and give	naerest tov	vn)	
	Memorial H		pital, giva straet address)	d. STREET ADDRESS  Frederick  on a farm  yes \( \text{NO} \)						
3. NAME OF DECEASED (Typa or print)	First CATHER	INE	Middle CARRIE	CASTLE	4. DATE OF DEATH	Month	mber 25		1-	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED	THE VER MINISTED ALA	18 May 1949	9. AGE (I		UNDER 1 YEAR	Hours	Min.	
10a. USUAL OCCUPATI dona during most of wor  Student	ON (Giva kind of work king lifa, avan if ratired	)	ND OF BUSINESS OR INDUSTR	Frederick	Md.	country)	USA	OF WHAT	COUNTRY?	
13. FATHER'S NAME  Carl C.	Castle			14. MOTHER'S MAIDEN N		r				
15. WAS DECEASED EVE (Yas, no, or unkown) (If	R IN U.S. ARMED FORC yes giva war or dates of se	rvica)	None Car	'l C. Castle	The state of the s	Address item	#2)			
Conditions, if any gave rise to immedia (a), stating the uncause last.	darlying DUE TO	ONS CON	Proumonia TRIBUTING TO DEATH BUT NO	Deart dising		ION GIVEN			eks	
O (IF EITHER, NOTIFY	MEDICAL EXAMINER)			CE OF INJURY (Homa, farm,	. 20f. (City or town		(County)	YES	NO (Stata)	
	ed alive on		ded the deceased from	death occurations	9.6./, to.//	auses an		late state	d above.	
22c. PHYSICIAN'S NAME (Typa)	RexR	m	Matin		PARKET 1			M	4	
23a. BURIAL, CREMATIC REMOVAL (Spacify) Burial	11-29-61	OF	Mount Olivet	Cemetery	Frederic	k, Ma	ryland		tate)	
M. R. Etc.		, Fre	derick, Maryla	nd	D BY REGISTRAR 2		trar's SIGNA			

Carlotte Francisco

Secentical .

JAMOURE.

Carl G. Castle

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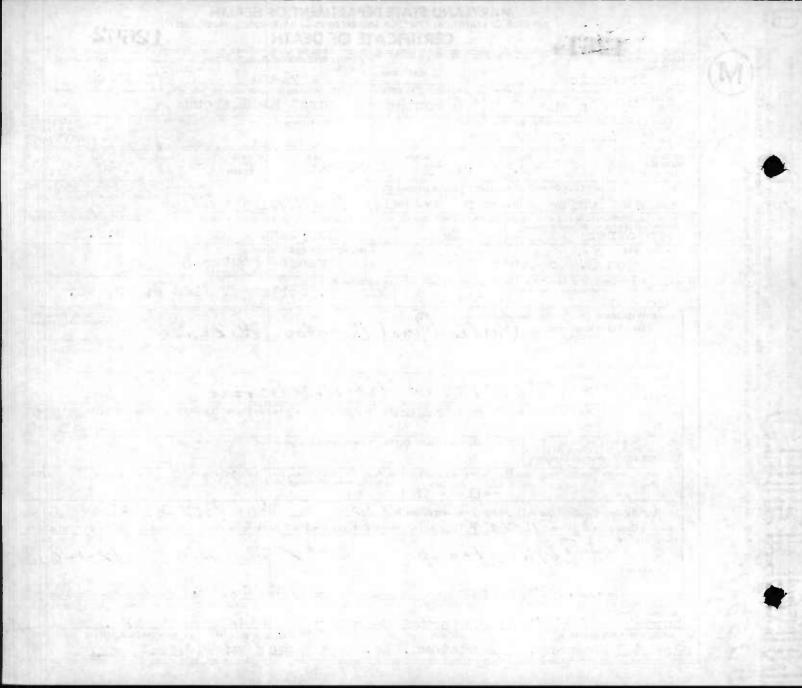
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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12602

1. PLACE OF DEATH a. COUNTY Fred	erick	tems	2 & 8 Fill		o. STATE	rylar		Tived. If institution b. COUNTY	ederic	are admiss	ion)
b. CITY OR TOWN (I RURAL and give ne	f autside carporate limi egrest tawn) ALETOWN	its, write	6 month				ddle	ote limits, write R	JRAL and give ne	earest town	)
d. NAME OF HOSPIT	AL (If not in hospitol, o ew Nursir	give street ng Ho	oddress) OM C		d. STREET A	DDRESS				e. IS RES ON A YES	IDENCE FARM?
3. NAME OF DECEASED (Type ar print)		rst ) .	Perry	Col	olentz		4. DATE OF DEATH	Man 11	30		1961
s. sex male	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE		L1/29/	1/2/6/4:	1879	P. AGE (In years lest birthday)	Manths Days	R IF UNDE Haurs	R 24 HRS. Min.
10a. USUAL OCCUPATION during most of work farm OWN	ing life, even if retired	dane 10b.	KIND OF BUSINESS OF		Mar	yland	1	untry)	U.S		OUNTRY?
13. FATHER'S NAME Charles	H. Coble	entz			14. MOTHER'S Fra		Rout	zahn			
1S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of	RCES? 16.	SOCIAL SECURITY NO.	Hen]	rmant P.	Coble	entz,	Middle	etown,	Md.	
Canditians, if a gave rise to i cause (a), stating lying cause last.  PART II. OTH	mmediate the under-	Qa	loanced contributing to DEA	Ari	Lerror DT RELATED TO				EN IN PART 1(o)	19. WAS	AUTOPSY PRMED?
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Y Manth, Day, Ye		CRIBE HOW INJURY OF	20e. PLACE	OF INJURY (	Home, farm,	20f. (City	1111	(Caunty		NO [
20c. TIME OF INJUR Hour a. m. p. m.	19	While of wor		factor	y, street, affice	4000		74			
21. I certify that saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	7	-1-	Harp	- //	ATTENDIN	G ME DIR	Y9 1 -		d an the dat	e stated	
23a. BURIAL, CREMATIC	,	er H	270	TERY OF			OWN .	Md	ar county)	(Stat	
REMOVAL (Specify)	12/3/1	961	Reformed		etery		Middl	etown	,Md		-1
Gladhill	Company,	Mi	address ddletown.	Md.		DANEC	5 '61		STRAR'S SIGNATI		



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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	CERTIFICA	ATE	OF	DE	ATH

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2	O	₹.	)	9	>

12	615	7.19	CERTIF	ICATE	OF DE	ATH			126	03		
Frederick			MARY	LAND 2	USUAL RESIDEN		re deceased	lived. If institut			ire admiss	ian)
b. CITY OR TOWN (If RURAL ond give nec Frederick	outside corporate limits, arest town)	write c.	Life	IN 1b	c. CITY OR TO		tside carpor	ate limits, write l	RURAL and	give ned		
d. NAME OF HOSPITA OR INSTITUTION Frederick Me	al (If not in hospitol, give emerial Hes)		ress)	2]	d. STREET ADD		.Fred	lerick,M	aryla	hd.		IDENCE FARM?
R. NAME OF DECEASED (Type or print)	Charles		Middle Frankli		Codk		4. DATE OF DEATH	Novembe:	r	13		Year 19 <b>61</b>
S. SEX		MARRIED	NEVER MARRIE		ptember	7,18		9. AGE (In years last birthday) 72 yrs	Manths		Haurs Haurs	Min.
Oa. USUAL OCCUPATION during mast of worki Machine ope	ng life, even if retired)		of Fred		Freder					S.A		OUNTRY
3. FATHER'S NAME  Frankl:	in Cook				4. MOTHER'S M			g				
S. WAS DECEASED EVER (Yes, no, or unknown)	IN U. S. ARMED FORCE f yes, give war or dates of servi	ice)	-14-6027			King	Cook,	216 Ther	iress	ve,F	rede	rick
Canditians, if an gave rise to in couse (a), stating t lying cause last.  PART II. OTH	mediote (	TIONS CON	Acute  ITRIBUTING TO DE	ATH BUT NO	ocenclos related to the Creak				VEN IN PA	ART 1(o)	PERFC	AUTOPSY DRMED?
20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH		BE HOW INJURY O	20e. PLACE	Enter nature of i	me, form,				(County)		(Stote
20c. TIME OF INJURY Hour o. m. p. m.  21. I certify that saw the decease 22o. SIGNATURE	(I) (this haspital) ed alive an	attended	Not while at work the deceased 1960, and	fram I that dec	th accurred ATTENDING	19.4 at!	M, fram				stated	
22c. PHYSICIAN'S NAME (Type)	L.R.Schoolm	an, M.I	).	wy	22d. ADDRESS	5	V - 1	ve.Fred	erick	,Mar	ylan	d.
230. BURIAL, CREMATION REMOVAL (Specify) Burial	11/16/1961	1	3c. NAME OF CEM				Jeffe		M	aryl		re)
24. FUNERAL DIRECTOR'S M.R.Etchisor	1000	celd	Marylan	dey.			BY REGIST		istrar's s			

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### MARYLAND STATE DEPARTMENT OF HEALTH

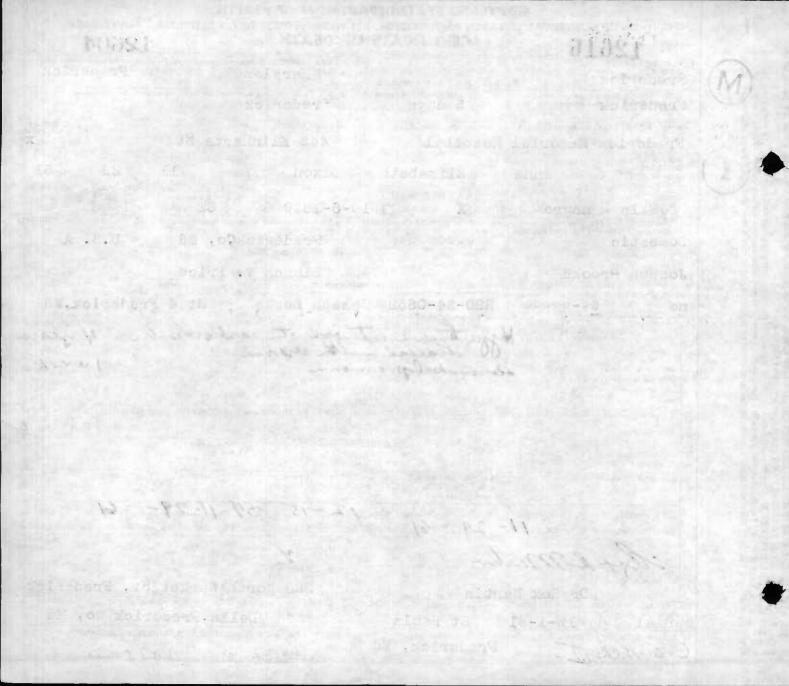
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12616

CERTIFICATE OF DEATH

12604

	Frederick		MARYLAND	a. STATE Mary		nstitution: Residence before edmission)  Y Frederick
	b. CITY OR TOWN (if outside the property of th		5 days	c. CITY OR TOWN (I	f outside corporete limits, write ICK	RURAL end give neerest town)
-	d. NAME OF HOSPITAL OR	INSTITUTION (if not in ho	spital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
	Frederick M	emorial Ho	spital	445 Kl	inharts St	YES NO TO
1	3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey Year
7	(Type or print)	Anna	Elizabeth	Dixon	DEATH 11	29 1961
	5. SEX   6. CC	OLOR OR RACE 7. MARRIE	ED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In yeers   lest birthdey)	
1	female n	egro widowi	ED X DIVORCED ]	LO-6-1899	62 yrs.	Months Deys Hours Min.
	10e. USUAL OCCUPATION (G done during most of working li		CIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Domestic	ie, even ii renrad)	*********	Freder	cickÇo, Md	U.S. A
-	13. FATHER'S NAME			14. MOTHER'S MAIDEN		
	Joseph Brook	ks		Blanch	v. Price	
	15. WAS DECEASED EVER IN U	J.S. ARMED FORCES?   16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
	(Yes, no, or unkown) (Ifyesgiv		20-34-0652	Joseph Leak	rs Rt 4	Frederick, Md
=		[Enter only one ceuse per		SODOPIL ZOUL		INTERVAL BETWEEN
	PART I. DEATH WAS		the account	tenas Venation	carliovasan	ONSET AND DEATH
	4424	DUE TO		ith wan		7 5
	Condition if you		1 0		nia	1 yezeb
	Conditions, if eny, whi	use	medal grew	menu		100
	(e), steting the underlyi	DI III TO				
	causa last.	) (c)	NITRIBILITING TO DEATH BUT NO	T DEL ATED TO THE TERMIN	NAL DISEASE CONDITION CIV	EN IN BART 1/-1: 10 WAS AUTORSY
	PART II. OTHER SIGNI	FICANI CONDITIONS COL	NIKIBUTING TO DEATH BUT NO	OF RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
1	<u> </u>					YES NO
8	PART II. OTHER SIGNI OF OF OR CONTRIBUTING  CA (IF EITHER, NOTIFY MEDIC	USE OF DEATH	SCRIBE HOW INJURY OCCURED	, (Entar neture of injury in	Part I or Pert II of item 18.)	
	20c. TIME OF INJURY Hour a.m.	Whil	eNot While fact	CE OF INJURY (Home, ferm ory, street, office bldg., etc.		(County) (Stata)
			rk et work	17 -15	-60 11-20	=/-/
			ided the deceased from			, 19 (e), that (I) (we) last
	saw the deceased al	live on	4.119(a./., and that	death occured at	M, from the causes	and on the date stated above.
	22e. SIGNATURE	1 +			MED STAFF	22b. DATE SIGNED
	My	Morto	M	.D.	DIRECTOR PHYS.	
	22c. PHYSIC AN'S NAME (Type)			22d. ADDRESS	Turnella Marelant	Ot Unadanial
		r Rex Mart:			123d. LOCATION (City, toy	St, Frederick (Stata)
1	23a. BURIAL, CREMATION, 2 REMOVAL (Specify)		23c. NAME OF CEMETERY	OK CREMATORY		erick Co, Md
- N	Burial	12-1-61	St Pauls	lac see	1	
>	24 FUNERAL DIRECTOR'S SIG	TO	ederick, Md		C'D BY REGISTRAR 256. REC	PISTRAK, 2 SIGNATORE
	C.Z. HICKOTI		odor rom, ma	DATE	5 161 (14)	La & Thous



VR A15 (4) 15M 9/59

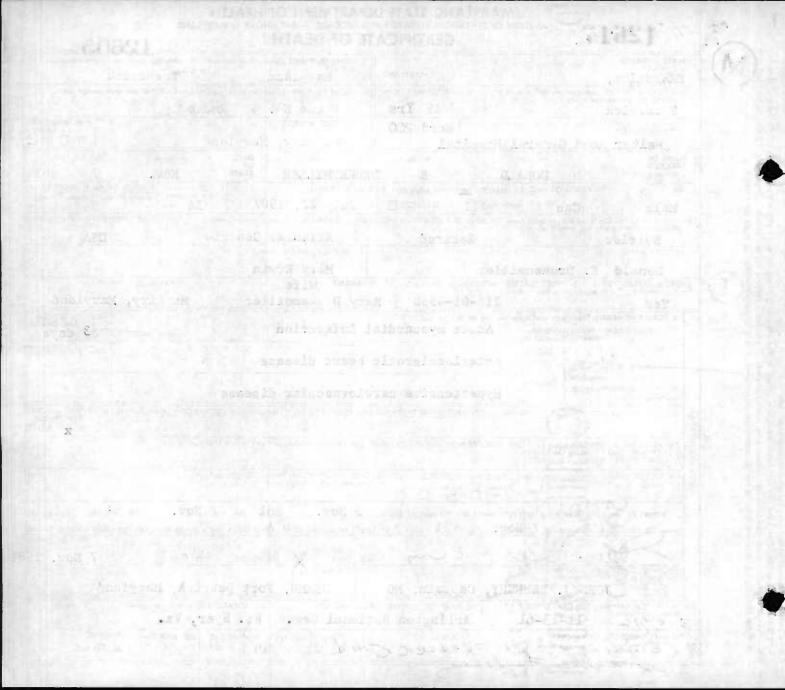
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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CER	TIFIC	ATE	OF	DE	ATH

7.1		I DLA					126	05
T	2. USU	AL RESIDENCE	(Where	deceased live	l. If	institution:	Residence	before ad

1	PLACE OF DEATH a. COUNTY FREDERICK,			MARYL		2. USUAL RESIDENCE (WE a. STATE Maryland		b. COUNTY			mission)
	b. CITY OR TOWN (IF	autside carporate limi	ts, write	c. LENGTH OF STAY	N 16	c. CITY OR TOWN (If o	outside carpo	rate limits, write R	URAL and gi	ve nearest t	awn)
	Frederick			19 Yr	rs	X Plane No.	. 4	Route 1			
	d. NAME OF HOSPITA OR INSTITUTION	AL (If nat in haspital, g	give street	address) Ward 20	00	d. STREET ADDRESS				10	RESIDENCE N A FARM?
L	Walter	Reed Gener	al Ho	spital		Mt Airy,	Maryla	and		YES	□ NO 🏋
3	DECEASED	Fir		Middle		Last	4. DATE OF	Man		Doy	feor
L	(Type ar print)	DON	ALD	E	DI	RUKENMILLER	DEATH	Nov		7	1961
5	SEX	6. COLOR OR RACE		RIED NEVER MARRIE		DATE OF BIRTH	0.07	9. AGE (In years last birthday)		YEAR IF UI Days Hau	NDER 24 HRS.
	Male	Cau	WIDOWI		_	July 22, 19		54 yrs.			
1	Da. USUAL OCCUPATIO during most af work	N (Give kind of work ing life, even if retired	dane 10b.		INDUST	RY 11. BIRTHPLACE (State			12. CITIZ		AT COUNTRY?
	Soldier			Retired		Atlanta,		gia		USA	
1:	3. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME				
	Dona1d	E. Druken	mille	r		Mary Erw	vin				
1	5. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17, INF	ORMANT Wife		Addi	ress		
	Yes		21	6-01-4968	Ma	ry Drukenmil	ller	Mt A	Airy, 1	Maryla	and
	18. CAUSE OF DEA	TH [Enter anly one co	use per li	ne far (a), (b), and (c).]						INTERVAL	BETWEEN
	PART I. DEAT	TH WAS CAUSED BY:	A	cute myocar	rdial	infarction				UNSEJ A	days
1	420	DUE TO		Varior Could		an Small-Ud					
	Canditions, if ar		Ar	teriosclero	otic	heart diseas	se			1000	
	gave rise to in	nmediate							1.77		
	cause (a), stating t lying cause last.	he under. DUE TO		pertensive	card	liovascular d	lisease	2		1.00	
1,		ED SIGNIFICANT CON	)			OT RELATED TO THE TERM			EN IN PART	1/a) 10 W	AS ALITOPSY
J. T. T.	PART II. OTH	EK SIGNIFICANT CON	DITIONS	CONTRIBUTION TO DEA	IN BOLIN	OT KEDATED TO THE TERM	IIAME DISEASI	COMMITTION	EIA IIA LAKI	PE	RFORMED?
1 3	A COURT IT WA	5 111 10 TO 111 11 TO 11	201 255	CRIST HOW IN HURY OF	COLLEGE	(F	0	11 of 2000 18 3		YES	K NO 🗆
1000	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	.CURKED.	(Enter nature of injury in	rarr s ar rari	II ar item Ib.)			
			or 20d II	NJURY OCCURRED	20a PLAC	E OF INJURY (Hame, farm	206 ICity	as tawn)	IC	ounty)	(State)
40.00	Haur a.m.	19	While	Nat while	facto	ry, street, affice bldg., etc	:.)	di idwiij	100	3011197	(Sidie)
1			at war						-	_	
	21. I certify that	1 / 1				5 Nov. 19				,	, ,
		ed alive an 7	Nov.	19 <u>61</u> , and	that de	ath accurred at 6	AM, fram	the causes an	d an the	date stat	ed abave.
	22a. SIGNATURE			1100		ATTENDING					22b. DATE SIGNED
	Vac	NEW A	en	reery	M.	D. PHYS. M	ED.	STAFF PHYS.		7 N	ov. 196
	22c. PHYSICIAN'S NAME (Type)	1	2	1		22d. ADDRESS		Selection of			
		OHN J. DEN	NEHY.	Captain, 1	MC	USAMU, 1	Fort D	etrick, 1	Maryla	nd	
2	3a. BURIAL, CREMATION	N. 23b. DATE THEREC	OF .	23c. NAME OF CEME	TERY OR	CREMATORY	23d. LOCAT	ION (City, tawn,	ar county)	(5	State)
	BURIAL (Specify)	11-13-6				ional Cem.		lyer, Va.			
2	4. FUNERAL DIRECTOR'S	SIGNATURE	. /	ADDRESS			D BY REGIST		STRAR'S SIG		
1	1.K.EIGHI	100	, 20	FREdORIC	K,	md, DATE	NOV 1 3	'61 6	Lithun &	Thouse	
	Vin	W T	Lile		-						



1. P

5. S

10a. dop 13.

15. (Yes,

CERTIFICATION

MEDICAL

COUNTY Frederick	MARYLAND		Maryland	b. COUN	F.	rederi	
CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	e. LENGTH OF STAY IN 16  Minutes	V	(If outside corporate hurmont	a limits, write	_	nearest town)	
NAME OF HOSPITAL OR INSTITUTION (if not in hos ederick Memorial Hos)		d. STREET ADDRES	RD ]			a. IS RESI	
rame of Eceased Charles Wa	lter Fuss	Last	4. DATE OF DEATH	Nov	ember	Year 5 19	61
male 6. COLOR OR RACE 7. MARRIE WIDOWE		May 29, 1		GE (In years st birthday) yrs.	Months Days	AND DESCRIPTION OF THE PARTY OF	HRS.
during most of working life, even if retired)	est. Md. Rlw	NAME OF TAXABLE PARTY.		ign country)		S.A.	JNTR
ATHER'S NAME							
Emanuel Fuss		Rosie INFORMANT	Miller	Address			
Emanuel Fuss  VAS DECEASED EVER IN U.S. ARMED FORCES?  no or unkown) (If yesgive war or dates of service) 7	05-10-5773	Rosie	Miller			Md. ITERVAL BETWANSET AND DEL	EEN
Emanuel Fuss  WAS DECEASED EVER IN U.S. ARMED FORCES?  16.  17.  18. CAUSE OF DEATH [Enter only one cause per la part I. DEATH WAS CAUSED BY, immediate CAUSE (a)  19.  Conditions, if any, which pave rise to immediate cause (a), stelling the underlying  DUE TO  DUE TO	05-10-5773 ine for (a), (b), and (c). Lant Jailu	Rosie	Miller		111	NSET AND DE	EEN
Enanuel Fuss  VAS DECEASED EVER IN U.S. ARMED FORCES?  NO (Ifyesgive war or dates of service)  8. CAUSE OF DEATH (Entar only one cause per IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which (b)  Conditions, if any, which (control of the payer rise to immediate cause (b)	05-10-5773 ine for (a), (b), and (c).] Lant Failu Il disease, a	Rosie INFORMANT Mrs. Carr Terioscle	Miller oll Cool	he the		TERVAL BETWEEN AND DE.	OPSY
Emanuel Fuss  VAS DECEASED EVER IN U.S. ARMED FORCES?  NO  8. CAUSE OF DEATH [Enter only one cause per I MARCH   Conditions, if any, which pave rise to immediate cause a), stating the underlying leause last.  PART II. OTHER SIGNIFICANT CONDITIONS CON	05-10-5773 ine for (a), (b), and (c).] Lant Failu Il disease, a	Rosie INFORMANT Mrs. Carr Tenioscle Of Related to the term	Miller oll Cool retic tu	he NDITION GIVI		TERVAL BETWEEN AND DE.	OPSY

22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. ATTENDING PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Gray Thurmont, Maryland James K.

23e. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 11-7-61 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)

(State) Fred.Co.

United Brethern Thurmont, Md. Cem. 24 FUNERAL DIRECTOR'S SIGNATURE 256. REGISTRAR'S SIGNATURE ZBa. REC'D BY REGISTRAR ADDRESS DANOV 8 arilan S. Kraus

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Maryland Professiols

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male white Hor Ed Hor E9, 1898 63

.A.8.8 Pasty Maryland

Rosie Willer

705-10-5773 Mrs. Carroll Cool Thursons, M. ED 1

Charles delter ans

and the standard of the standard of the

Manager Margarett

Eurici 11-7-61 United Arctiors Com. Thursont, Mc. Bred.Co.

VR A1S (4) 1SM 9/S9

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L ond give in the control of the con	OF DEATH NTY	
OF LED	OR TOWN L ond give	1
ED	E OF HOS	P
	ED	

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 619

- 4	26	( )	7
	40	1 7	6

1. PLACE OF DEATH O. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a STATE b. COUNTY \( \mathcal{L} \)
-rederick	maryland Inderect
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)
Welkersville to yes	1 Uhlkersvelle
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
- OK INSTITUTION	YES NO P
3. NAME OF First Middle	Lost 4. DATE Month Day Yeor
OFCEASED (Type or print) HARRY (1 AV	GREEN DEATH HAC 3 1961
	GIEFN
S. SEX 6. COLOR OR PACE 7. MARRIED NEVER MARRIED	lost birthday) Manths Days Haurs Min.
M WIDOWED DIVORCED	Sept. 6, 1884 77 yrs.
10o. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDU during most of warking life, even if retired)	STRY 1 BIRTHPLAGE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
General work Glade V. Milling	Co marisford U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN MAME
300 stranger	and Elle Brown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. II	NFORMANT Address
(Yes, no, of unknown) (If yes, give war or dates of service)	01 24 6 41
120 1213-61-1426 M	v. Clay 7. Irely, cumilsburg, The
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	MNTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BOOK STORMERS	Mc 24 him
610 X DUE TO	
Conditions, if any, which) (1) Chrome suply	about contitue + Magnice   6 month.
gave rise to immediate	The control of the co
lying cause last.	10 estar.
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	PERFORMED?
3	YES NO
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE OF CONTROL OF	D. (Enter nature af injury in Port I or Part II af item 1B.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
Haur a. m. While Not while of work at work	octory, street, affice bldg., etc.)
	1017 03
21. 1 certify that (I) (this haspital) attended the deceased fram.	Prof. C
	death accurred at 1.2 M, fram the causes and an the date stated above.
22o. SIONATURE	ATTENDING MED STAFF // SIGNED
Klinin Marin Tr	M.D. PHYS. DIRECTOR PHYS. D
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
JAMES E. STONER, SU	WALKERSUILLE, MIA.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, tayın, ar caunty) (Stote)
REMOVAL (Specify)	Counting 10 md also
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25b. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
MO POSTATIONAL DIRECTOR'S SIGNATURE	10 541
J.C. Bullen Walkersvil	Ve MilDATEON 7 161
	Circles d. Thate

TOSSIL AND A CONTRACTOR OF THE PARTY O

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIN	MOKE,	18
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	2624		CE	RTIFIC	AII	OF DEA	IH			Reg. D	ist. No.	26	08
1. PLACE OF DEATH a. COUNTY Freder	ick			MARYLAND		usual residence ( b. STATE Mary	Where dece	osed live	d. If instituti b. COUNTY		nce befo		sion)
b. CITY OR TOWN [I	f outside corporate limi	its, write	c. LENGTH O	F STAY IN 16		c. CITY OR TOWN			imits, write R	URAL and	give nec	rest tow	٦)
Burkitts	ville		life		1	Burkit		lle					
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospitol, s	give street	oddress)		1	d. STREET ADDRESS							FARM?
3. NAME OF DECEASED (Type or print)	Paulir		м. с.	Middle Gu	ıyt	lost On	4. DAT OF DEA		Mor 1	nth	Do 20	<b>y</b>	Year 19 61
5. SEX	6. COLOR OR RACE					ATE OF BIRTH		9. A	GE (In years ist birthdoy)				ER 24 HRS.
female	white	WIDOW		VORCED [	3	/7/1907		52	+ yrs.	Months	Days	Hours	Min.
	king life, even if retired	1)	-		JSTRY			n country	()	12. C	U.		COUNTRY?
NOU SEWI	<u>re</u>		own hor	ne	114	Maryla, Mother's Maide		-			Uel	٥.	
	ol Woohor	2			1.	Lovetta		Tand	arof				
15. WAS DECEASED EVE	el Zechel		SOCIAL SECUR	ITY NO. 117	INFOR	MANT	2 Patrice	T CIT	Add	ress			
(Yes, no. or unknown)	(If yes, give wor or dates of s		none		th	474	yton	, Bı	arkit		lle	, Mo	l e
18. CAUSE OF DEA	ATH [Enter only one co	ouse per lin	e for (9), (b). o	and (c).]		_ / /	)				INTI	ERVAL BE	TWEEN
PART 1. DEA	TH WAS CAUSED BY:	a) /	Well	wela	Le	0 4 (0	ete	1.4	na			7	12/
170×	DUE TO		7	1.00		0	0	y F		1, 0		~	
Canditions, if a		0)_(	ar	erace	62	are.	alt				1	7-6	126
gave rise to i cause (a), stating	mmediate (	-										/	
lying couse last.	) (	c)											
PART II. OTI	HER SIGNIFICANT CON	OSTIONS	CONTRIBUTING	TO DEATH BU	TONT	RELATED TO THE TE	RMINAL DIS	ASE CO	NDITION GIV	VEN IN PA	RT 1(o) 1	PERFO	AUTOPSY ORMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW IN.	JURY OCCURR	ED. (£r	nter noture of injury	in Port I ar	Part II of	f item 1B.)				
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	or 20d. II While at wor	NJURY OCCURR Not while k ot wark		LACE (	OF INJURY (Hame, f street, office bldg.,	arm, 20f. ( etc.)	City or to	own)		(County)		(Stote)
	nat oftended the	deceas Digital	2 1	that deat	h occ	curred at		rom th	e causes of city ar tawn,	and on		te stat	
PHYSICIAN'S DINAME (Type)	. A. Tal	bott	Brice		**	Je:	ffers	on,	Md.		~~~~		
220. BURIAL, CREMATIC		OF	22c. NAME C	F CEMETERY	OR CR	EMATORY	22d. LC	CATION	(City, town,	or county)		(Sta	le)
burial (Specify)	12/1	/196	Pleas	ant V	ier	Ch. of	B. F	red	erick	Co.	M	d.	
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS				EC'D BY REG		24b. REGI		IGNATU	RE	10
Gladhill	Company	, Mi	ddleto	wn, Mo	d.	DATE	שבע ט	01		A-101-1-1 N			

### MARY LAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	TE OF DEATH	CERTIFICAT	2620	
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				NO BRAIL ( GENERAL ) (TOUR TO SHOT)
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		r company and a car.		
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		115 - Z.V.	* 1 1 1 2 2 2 2	Jenalinii - Pickonsini
	The second		Service Service	

(M)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 139.4 may be retained by the hospital or attending physician.

TO FLOARL DIRECTOR: After this certificate has been signed by the attending physician and containing the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

_	ARYLAN		ARTMEN	T OF	HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12621 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY  Frederick  MARYLAND	e. STATE b. COUNTY
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
writa RURAL and give neerest town)	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
	ON A FARM?
207 East "A" Street  3. NAME OF First Middle	207 East "H" Street YES NO L
DECEASED	OF
	Tanes: DEATH 11 24 19 61
S. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8  White WIDOWED DIVORCED	DATE OF BIRTH  9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.  1-20-1882  9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
Retired B.&.O.R.R.Engineer	Maryland U.S.A.
13. FATHER'S NAME Christopher C. Hanes	14. MOTHER'S MAIDEN NAME  Mary C. Myers
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	
18. CAUSE OF DEATH [Enter only one coupper line (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which gava rise to immediate couse (a), stating tha underlying cause lest.  Conditions of the property of the couper line (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(D) 19. WAS AUTOPSY
CATIO	PERFORMED? YES NO PE
	), (Enter neture of injury in Pert I or Part II of item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) lory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased are on	death occured a stated above.
22e. SIGNATURE	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Dr.C.E. Pruitt	Brunswick, Maryland
23a. Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) 11-29-1961 Mountain V	or CREMATORY 23d. LOCATION (City, town or county) (State)  iew Sharpsburg, Maryland
24 EMPRAY DIRECTORS (STG) ATURE ADDRESS  Brunswick, Maryland	DATE NOV 2 7 '61 CINCLUM S. HUMAN
you ful luck	I DVIE 1144

umain to those type - 1 Sissis-1 de line 12 CA 1 12 CA 2 1 1 7 CA 2 1 Trend part. H. H. H. H. H. Bottine minus to the special to the ..... 1 2 6 9 when he had had all All the state of t will a series of the forest oc almost collection with U V = 1 - a a a west as the second of the second seco Beneficial action of the The American Part for the Comment of the State of the Sta

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	1262	1.2		CERTII	FICAT	TE OF DEATH			14	261	0	
	PLACE OF DEATH					2. USUAL RESIDENCE (Wh	ere deceas		on: Residence	e before	e admissi	on)
		derick		MAR	YLAND	Maryla	nd	b. COUNTY	arro	11		/
	b. CITY OR TOWN (If o RURAL ond give near		ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	utside corp	orote limits, write R	URAL ond g	ive near	est town	)
	- Transport	derick		7 day	s	Mt. Ai	rv		66	6X	-2	
	d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, g	ive street			d. STREET ADDRESS			4416	е	. IS RESI	FARM?
	mile.	derick M	lem.	Hospital		13 Par	k Av	e.				
3.	NAME OF DECEASED	A Fir	st	Middle	, , ,	Lost	4. DATE	Man	th	Day	Y	feor
	(Type or print)	Archie		0.	Ho	insberger.S	DEATH	· Nov		2.	3 1	1961
5.	SEX 6	. COLOR OR RACE	7. MARR	IED K NEVER MARR	ED 8	. DATE OF BIRTH	31	9. AGE (In years last birthday)	IF UNDER Months			
	Male	White	WIDOWE	D DIVORCE	0	Nov. 20, 1	908	53 yrs.	MOITINS	Days	Hours	Min.
10c	. USUAL OCCUPATION during most of working	(Give kind of work	done 10b.	KIND OF BUSINESS C	OR INDUST	TRY 11. BIRTHPLACE (Stote	or foreign	cauntry)	12. CITI2	ZEN OF	WHATC	OUNTRY?
	A	se worke		Floris	t	Mt. Ja	ckson	n. Va.		U	SA	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME				100	
	John	S. Hansb	erge	r		Mary E	. Fr	ve				
	WAS DECEASED EVER II	N U. S. ARMED FOR		SOCIAL SECURITY NO	). 17. INI	FORMANT		Add	ress			
	No	at give war or action or a		4-28-029	5	Mrs Mary E	. Ha	nsberger	I	tem	2	
	18. CAUSE OF DEATH	[Enter anly ane co	use per lir	e for (o), (b), and (c)	.]					INTER	RVAL BET	TWEEN
	PART I. DEATH	WAS CAUSED BY:	ac	ute Cos	ma	y occhese	in			2	ho	, , , ,
	420	DUE TO				1						
	Conditions, if ony,	which ) (b	an	levisel	Rote	= Heart 1	Dise	are		6	- fr	no.
	gave rise to imn couse (a), stoting the											
	lying couse last.	) (c	)									
Ö	PART II. OTHER	SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO THE TERMI	NAL DISEA	SE CONDITION GIV	EN IN PART	1(0) 19	PERFOI	UTOPSY
CAT	au	time du	-	enal	ul	ce					YES [	NO
TIFI	20a. ACCIDENT WAS	UNDERLYING [	20b. DES	RIBE HOW INJURY	CCURRED	. (Enter noture of injury in I	Port I ar Pa	ort II of item 18.)				
CER	(IF EITHER, NOTIFY ME	EDICAL EXAMINER)										
CAL	20c. TIME OF INJURY	Month, Day, Ye		NJURY OCCURRED		CE OF INJURY (Home, form		ty or town)	(C	aunty)		(Stote)
MED	Hour o.m.	19	While of world	Nat while	faci	ary, street, office blag., etc.	'					
	21. I certify that	(I) (this hasnital	\ attend	ed the deceased	fram	11/17/ 19/	6/ .ta	11/23	19.6	/ the	at (I) (a	\ last
	saw the dedeased		/2.			eath accurred at		the causes or	d an the	date	stated	abave.
	220 SIGNATURE	direct differences	1	/	Thui de	decorred dia 45	ivi, iraii	inc caoses ar	id dir ille	daic		DATE
	Henry	7 V.	Ch	ese	N	A.D. PHYS.	D.	STAFF PHYS.		111.	23/	SIGNED
	22c/PHYSICIAN'S NAME (Type)	1,	11	01		22d. ADDRESS					1	
	TAMIL (Type)	enry	V.	hase		4 E. Ch	urch	St F	rede	ric	-K	Md
230	BURIAL, CREMATION,	23b. DATE THEREC	F	23c. NAME OF CEM	ETERY OR	CREMATORY	23d. LOCA	ATION (City, town,	or county)		(State	e)
	REMOVAL (Specify)	Nov.27.	1961	St. M	icha	els	Po	onlar Sr	ring	g i	Md.	

St. Michaels
ADDRESS
Damascus, Md.

Poplar Springs Md
250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Curry S. Fires

DATE NOV 2 7 '61

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 moy the Spined by the hospital or ottending physician. **D FUN.**I DIRECTOR: After this certificate has been signed by the ottending physician and completely fix page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter deal TO FUN VR A15 (4) 15M 9/59

by the funeral director, d 2 should be filed with

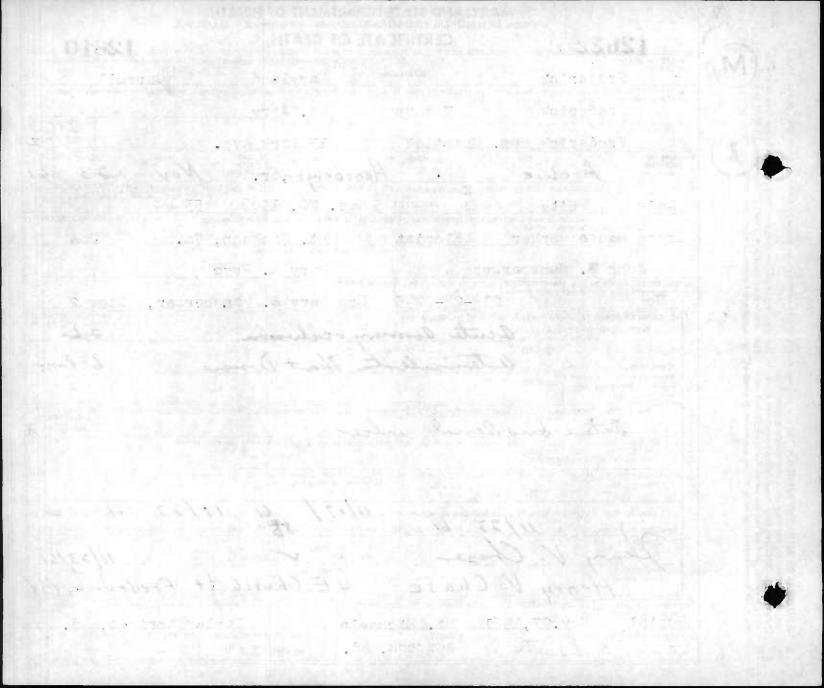
Poges

hours after death. Pog

Burial Nov. 27, 1

HOVERAL DIRECTORS SIGNATURE

Lin L. Molssenth



MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND R CERTIFICATE OF DEATH 11m G200 2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before edmission) PLACE OF DEATH a. COUNTY Frederick Frederick by the and 2 seath. MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and nive nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 à write RURAL and give nearest town) Braddock Heights Years Braddock Heights .= Filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Vindobona Convalescent & Rest Home Jefferson Blvd. NAME OF 4. DATE Month DECEASED DEATH November 3. (Type or print) LAURA VTRGTNTA HARRIS withi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR carbon last birthday) pue Months Female White March 1872 WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? remove done during most of working life, even if ratirad) Frederick. Md. At Home House-work 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please ding Frederick Heinlein Dorothea Dunkhorst attend 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive war or dates of service Mrs. Elizabeth H. Lundgren (Same as item #2) No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). permit. physician. by PART I. DEATH WAS CAUSED BY. Cerebral auteur releion IMMEDIATE CAUSE (a) Signed burial-transit DUE TO aftending Conditions, if any, which (b) certificate has been gave rise to immediate cause DUF TO (a), stating the underlying cause last. PHYSICIAN: the hospital or the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(18) 19. WAS AUTOPSY CERTIFICATION as use prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [ for OR CONTRIBUTING CAUSE OF DEATH the After this detached 20e, PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. Ö at work at work DIRECTOR: 21. | certify that (I) (this hospital) attended the deceased from June 19.56 to May 3 ....., 196.1., that (I) (we) last Mou 3 19.6.1, and that death occurred 2 Noon from the causes and on the date stated above plnods saw the deceased aliveron. 22a. SIGNATURE ATTENDING STAFF PHYS. X DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 810 Toll House Ave., Frederick, Md. L. R. Schoolman. M. D.

0 VR A15 (4) 15M 9/60

高



23a. BURIAL, CREMATION, | 23b. DATE THEREOF

11-6-61

REMOVAL\_(Specify)

Burial

24 FUNERAL DIRECTOR'S SIGNATURE Song Erederick, Maryland

23c. NAME OF CEMETERY OR CREMATORY

Mount Olivet Cemetery 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23d. LOCATION (City, town or county)

Frederick, Maryland

DATE NOV 6

arthur S. Kraus

(County)

4 Nov 1961

e. IS RESIDENCE ON A FARM?

YES NO L

19 61

IF UNDER 24 HRS.

Hours

INTERVAL RETWEEN

ONSET AND DEATH

PERFORMED?

NO X

(State)

22b. DATE

(State)

SIGNED

Day

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# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death age 4 may be retained by the hospital or attending physician. Of the RAL DIRECTOR: After this certificate has been signed by the attending physician and come. As filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and be filled with the State Dept. of Health prior to burial, cremation, or remover, and in any event, within 72 hours after death

death director, be filed

15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 10010

1. PLACE OF DEATH	i	The second			STATE	_		OLINITY	Rasidance bafore edmission
Fred	erick		MARYLA		Mar	yland	0. 0	Fre	derick
b. CITY OR TOWN (	if outsida corporata limi I giva naarast town)	its, c.	LENGTH OF STAY IN	V 16 c.	CITY OR TOWN	(If outsida	corporata limits,	writa RURAL ar	nd give naarast town)
Frederick	giva naarasi lown)	14	0 Years	11	Free	derick	2		
d. NAME OF HOSPI	TAL OR INSTITUTION (	if not in hospital,	giva streat addrass)	d.	STREET ADDRESS	S			e. IS RESIDENC
Frederick	Memorial H	Hospital			459	West	South S	treet	YES NO
NAME OF DECEASED	First		Middla		Last	4. DAT	TE A	Aonth	Day Yaar
(Typa or print)	HUBER	RT	LEWIS	HOFFN	IAN	DEA	TH N	lovember	3, 1961
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE	OF BIRTH			ears   IF UNDER	
Male	White	WIDOWED	DIVORCED	4 Jur	e 1894		last birthd	rs. Months	Days Hours Min.
On. USUAL OCCUPAT	ION (Giva kind of world	k 106. KIND	OF BUSINESS OR INC	OUSTRY   11.	BIRTHPLACE (Con	unty & Stata	, or foraign cou	ntry)   12, Cl	TIZEN OF WHAT COUNTRY
dona during most of wo letired—Cus	todian		Post Off	ice I	raddock	. Md.		US	SA
13. FATHER'S NAME		100			OTHER'S MAIDE				
Roger Hoff	mam			Ma	cy Ricke	etts			
15. WAS DECEASED EV	ER IN U.S. ARMED FOR		IAL SECURITY NO.	17. INFOR	MANT		Ad	drass	
(Yas, no, or unkown) (I	fyas give war or datas ofs	Ne	ne	Mrs. H	thel M.	Hoff	an (Sam	e as it	em #2)
	EATH (Enter only one						(		INTERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY:	1	0. 40 -	6.	0. 0	1	Cont		ONSET AND DEATH
11001	IMMEDIATE CAUSE (a)	/1	2014 1	a Co	ydeal	ar (	cucr.	cı	30 hours
17201	DUE TO		LAW END	1					2.1
Conditions, if any	1001	Co	ronay	Turo	m pos	cr			SO homes
(a), stating tha u	DIE TO	1	, ,	_	m bos				1 77
causa last.	) (c)	1+0							19 years
PART II. OTHER	R SIGNIFICANT CONDI	TIONS CONTRIB	UTING TO DEATH BI	UT NOT RELAT	ED TO THE TERM	AINAL DISEA	ASE CONDITION	GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED2
5									YES NO A
	AS UNDERLYING CAUSE OF DEATH	206. DESCRIBI	HOW INJURY OCC	CURED. (Entar	natura of injury in	n Part I or Pa	art II of itam 18.	)	
	MEDICAL EXAMINER)								
20c. TIME OF INJU	IRY Month, Day, Ya				NJURY (Homa, fa		(City or town)	(Co	unly) (Stata)
Hour a.m.	19	Whila at work	Not While at work	raciory, sira	si, offica bidg., e	16.)			
	hat (I) (this hospi	tal) attended	the deceased for	rom	10/15	1961	to	/3 19	(./, that (I) (we) la
	sed alive on	11/2	10 6 £ and	that death	occured L: 2				the date stated above
228. SIGNATURE	2 . A		17, and			3,53,371, 11	TOTAL THE COO	303 8110 011	22b. DATE
A	182000	A. a.		M.D. A	TTENDING	MED. DIRECTOR	STAFF PHYS.	□ 3	Nov 1961 SIGNE
22c. PHYSICIAN'S	100000	Vocal	~		d. ADDRESS				
NAME (Type)	L. R. Sche	olman,	M. D.	8	10 Toll	House	Ave.,	Frederi	.ck, Md.
Za. BURIAL, CREMATI			. NAME OF CEME	TERY OR CRE	MATORY	23d. L	OCATION (City	y, town or coun	ty) (State)
BITTE (Specify)			ount Olive				derick,		
A FUNERAL DIRECTOR			ADDRESS						
24 FUNERAL DIRECTOR		. 4	ADDRESS				GISTRAR 2Sb.	. REGISTRAR'S	

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Caldyleis v. C.

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b. H. Schoolman, M. A. 15 Claratt House Ave., Evelorial, Ja.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	19649
	1. PLACE OF DEATH a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY  D. COUN
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give pearest town)  RURAL and give pearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  THE MEMBERS ADDRESS  6. IS RESIDENCE ON A FARM YES \( \sigma \) NO
1	3. NAME OF DECEASED (Type or print) AUSTIN B. JOHNSON 4. DATE Month Day Year DEATH HOU. 10 196
	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  B DATE OF BIRTH  9. AGE (th yeors lost birthday)  Months Days Hours Mil
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12.CITIZEN OF WHAT COUNT (Augustus)
1	13. FATHER'S MAIDEN NAME (14. MOTHER'S MAIDEN NAME NETTER)
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown) (If yes, give war or dates of septice) 2/8-/2-0536 Mas Clara Johnson - above
	PART I. DEATH WAS CAUSED BY:  DUE TO  Canditions, if any, which)  (b) Impuritures, Impuritures encephalogic.
	gave rise to immediate couse (a), stating the under-lying cause lost.  DUE TO  CAR WAR Arrest  1961
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPERFORMED YES NO
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	Zoc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m.  p. m.  19  19  20d. INJURY OCCURRED FLACE OF INJURY (Home, farm, 20f. (City ar tawn) (County) (St foctory, streel, affice bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased fram 1940, 19, ta 1941, 19, that (I) (we) I saw the deceased alive an 10 1000, and that death accurred at 1940, fram the causes and an the date stated about
	220. SIGNATURE LACE PHYS. ATTENDING MED. STAFF   11-11-61 SIGN
	22c. PHYSICIAK'S NAME (Type) HOWARD E. HALL 22d. ADDRESS Equaville, "Red. (1/hs
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, accounty) (State)
	24. FUNTERAL DIRECTOR'S SIGNATURE  ADDRESS . 250. REC'D BY REGISTRAR'S SIGNATURE  DATE  DATE  250. REC'D BY REGISTRAR'S SIGNATURE  Arithmy S. France

12625 THISTON G JOHNSON VIEW THERE MANY THAT SHE SHEET HAVE BONCH TO SHEET SHEET Personal State of the State of (Musico to Hancon notice of the well from The WWW 28 28 12 - 2536 Mer States Halling a fine The second secon

apors, Pages I and 2 should 72 hours after death. deal to HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death age 4 may be retained by the hospital or attending physician.

TO FULCERAL DIRECTOR: After this certificate has been signed by the attending physician and companiently filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 24 hours after death.

VR A15 (4) 15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12626 CERTIFICATE OF DEATH 12614

e. COUNTY	H		e, STATE	E (Where decessed lived, II b. COU		ence before e	dmission)
	rederick	MARYLAND	Mary	Land	Frede:		
b. CITY OR TOWN write RURAL en	(if outside corporete limits, d give neerest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporete limits, wri	te RURAL and give	neerest tow	n)
Frederi		Life	Freder	ick		l ic nr	CIDENICE
d. NAME OF HOSP	TAL OR INSTITUTION (if no	of in hospitel, give street eddress)	d. STREET ADDRESS				SIDENCE A FARM?
Frederic	k Memorial Ho	spital	216 Washingt	ton Street		YES _	NO 📆
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mon	th De	y Yeer	
(Type or print)	OHADIE	CUTMU	פושישישע	DESTH	er 29	19	67
S. SEX	CHARLE	S SMITH  MARRIED NEVER MARRIED	KEEFER 8. DATE OF BIRTH	Novemb	S   IF UNDER 1 YEAR		The state of the s
				last birthdey)		Hours	Min.
Male	WILLOG		January 7, 188		1	051111117	O I Is impart
	TION (Give kind of work orking life, even if retired)	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County	y & State, or foreign country	) 12. CITIZEN	OF WHAT C	OUNTRY?
Retired Pla		Plumbing Busines	s Marvland		USA		
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME			
0	van fan		Mary H:	imbure			
	ge Keefer Ver in u.s. armed forces	7   16. SOCIAL SECURITY NO.   17.		Addre	56		
	(If yes give wer or detes of servi	ce)				- 01	T1 3
No			s. Jessie A.	Keefer 216 W	ashingto		
		use per line for (e), (b), end (c).]				NTERVAL BET	
PART I. DEA	TH WAS CAUSED 8Y:  IMMEDIATE CAUSE (*)	Bronc	ho nu nu mon	10		3 da	
162.1	DUE TO		7				
Conditions		Bronch son	00			51110	utho
Conditions, if en		1) vancus je	TE GALGINON	na		0.10	ZIN1
(e), steting the	OT THE						
cousa lest.	(c)						
Z PART II. OTHE		NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	AL DISEASE CONDITION GI	VEN IN PART 1(e)	19. WAS A	UTOPSY RMED?
Ę ()	cabetes 11	lellitur ite	nerteus,	on			NO 1
PART II. OTHE	VAS UNDERLYING   20	DE DESCRIBE HOW INJURY OCCURE	//				
OR CONTRIBUTING	Y MEDICAL EXAMINER)		THIS ALTON				
		20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm,	20f. (City or town)	(County)		(State)
20c. TIME OF INJ			ctory, street, office bldg., etc.)		(County)	1.475	(31616)
		et work et work					
21. I certify	that (I) (this hospital)	attended the deceased from	Aprel, 1	961, to Nov 2	9 19.61	that (I) (	we) last
saw the decea		0 29 1961 and the					
22a. SIGNATURE	100						DATE
228. 310/1/10/10	A (1) 20.	. 0	DILLING PUT DI	ED. STAFF RECTOR PHYS.	N	- 20	SIGNED
OO DUNCICIA NE	o ra que	rum.	A.D. PHYS. LA	KECTOR   TITIS.	Novembe	r 50,	TAOT
22c. PHYSICIAN'S	-1	1 W D		one Arenne	Frederic	L Ma	
	L. R. School	TMSU W. D.	OTO LOTT U	ouse Avenue,	LLegeric	A, made	
	TION, 236. DATE THEREO	F 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, 1	own or county)	(\$1	lete)
REMOVAL (Specify	12-1-1961	Mount Olivet	Cemetery	Frederick	Mary	land	
24 FUNERAL DIRECTO	PUSCHSKIP BE LEGEL	ADDRESS	25e. REC	D BY REGISTRAR 256. R			
JUVUV	hison and Son	, Frederick, Mary	land DATE	DEC 4 '61	Civilium 1.	CAMAS	
M. R. Etc.	HISON and SON	1 LIEGELICE MALA	Torrier DVIE				

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22c. PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATURE

Burial

23a. BURIAL, CREMATION, 23b. DATE THEREOF

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12615 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) a. COUNTY e. STATE b. COUNTY Frederick MARYLAND Frederick c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporafe limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) days Frederick Frederick e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO Taney Apts. Frederick Memorial Hospital DATE DECEASED NEWTON RICHARD DEATH November 28 19 61 (Type or print) KEFAUVER. SR. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 811 yrs Hours 1877 White Male WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired USA School Board Maryland Custodian 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Kefauver Laura Toms 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Alon East 5th Street 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (If yes give wer or detes of service) Mrs. Ruth K. Brightwell, Frederick, Maryland No INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] ONSET AND DEATH E erebre Them bois PART I. DEATH WAS CAUSED BY: 3 Dun IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, ferm, ) 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Year fectory, street, office bldg., etc.) While Not While at work at work

20c. TIME OF INJURY Hour a.m.

p.m.

19

20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, ferm, fectory, street, office bldg., etc.)

21. 1 certify that (I) (this hospital) attended the deceased from True (..., 1960, to ...)

22e. SIGNATURE

ATTENDING MED.

STAFF SIGNED

ATTENDING MED.

STAFF SIGNED

Thomas E. Stone M. D.

M. D. 4 West 3rd Street, Frederick, Maryland
23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, fown or county) (Stelle)

Reformed Cemetery Middletown

Middletown Maryland
258. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

M. R. Etchison and Son, Frederick, Maryland

22d. ADDRESS

DATE NOV 3 0 '61

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12628

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY  FAT derick	MARYLAND	a. STATE M d	ere deceased lived. If institut b. COUNTY	ian: Residence befare admission)
b. CITY OR TOWN (If outside carporate limits, write RUPAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	etside carporate limits, write l	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION, Fredetick Memorial	dress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Richard	Middle MRUTICY	Kuhn	4. DATE MO OF DEATH /VCI	
S. SEX  6. COLOR OR RACE  7. MARRIED  WIDOWED		DATE OF BIRTH	9. AGE (tn years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	child	11. 8IRTHPLACE (State of Manual Property of Manual	sylvania	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME RICHARD KUL	n	RUTH	CarTer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	OCIAL SECURITY NO. 17, INFO	MOTHER	Add	dress
18. CAUSE OF DEATH [Enter only one cause per line of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditians, if any, which (b)	far (a), (b), and (c).)	+ GasTrue	en Texitis	INTERVAL BETWEEN ONSET AND DEATH
gave rise to immediate cause (a), stating the under lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS C	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GI	
OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRED.	(Enter nature of injury in P	art far Part II of item 18.)	
Haur a.m. While		E OF INJURY (Hame, farm, iry, street, affice bldg., etc.		(Caunty) (State)
21. I certify that (I) (this haspital) attended saw the deceased alive an 10 1151		ath accurred at/1/5/	R	
22c. PHYSICIAN'S NAME (Type)	M.	D. PHYS. DIF 22d. ADDRESS	RECTOR LI PHYS. LI	
23d. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 11-22-61	23c. NAME OF CEMETERY OR Smithsburg		23d. LOCATION (City, town, Smithsbur	
24. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich & Se	ADDRESS on, Smithsbu			istrar's SIGNATURE



	MA	RYLAND STATE DE	PARTMENT O	F HEALTH-BA	ALTIMORE, 18		
	12629	CE	RTIFICATE O	F DEATH	R	tog. Distance 1	7
1.	PLACE OF DEATH o. COUNTY  FRED	erick "		RESIDENCE (Where deceded IE: (V)+ Raini	ased lived. If institution:		odmission)
7	b. CITY OR TOWN (If outside corpored RURAL and give nearest town)  TAINS VIILE  d. NAME OF HOSPITAL (If not nin) hosp	Md 8ma	22 days	OR TOWN (If outside con	- 01	ne/ 16	t town)  S RESIDENCE
	Riggs Hos	spital - IJI	MSVINE	N	It Ramie	4 1	ON A FARM?
	NAME OF DECEASED (Type or print)	lary Eliza	wheth La	Lost 4. DATI OF DEA	TH Novemi	her 11	Yeor 1961
5.	Female Whit	RACE MARRIED HEVER M	ORCED   B. DATE OF	31 188:		NOTER 1 YEAR IF	UNDER 24 HRS.
100	a. USUAL OCCUPATION (Give kind of during most of working life, even if n		ESS OR INDUSTRY 11. MI	RTHPLACE (State or foreign	n country, D.C.	12. CITIZEN OF W	HAT COUNTRY?
	FATHER'S NAME  WILLIAM	Lagomars	14. MOTI	HER'S MAIDEN NAME	B 5	peak.	
15. (Ye	WAS DECEASED EVER IN U. S. ARMED s, no, or unknown) (If yes, give wor or do	) FORCES? 16. SOCIAL SECURITY	Y NO. INFORMANT	a Borne	Address	13 09	th S+
	1B. CAUSE OF DEATH [Enter only of PART I. DEATH WAS CAUSED IMMEDIATE CAU	BY:	d (c).]	ine.	FReder	ICK INTERVONSET	AL BETWEEN AND DEATH
	Conditions, if ony, which)	UE TO Certerio	eselente	i heart	declas	0 1.	year
	gove rise to immediate couse (a), stating the under-lying couse lost.	UE TO					,
CATION	PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELAT	ED TO THE TERMINAL DISE	rile Gran	1	WAS AUTOPSY PERFORMED? ES NO D
CERTIFI	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH	RY OCCURRED. (Enter not	ture of injury in Port 1 or 1	Port II of item 18.)		
MEDICAL	20c. TIME OF INJURY Month, Doy Hour o. m. p. m.	7, Year 20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJI foctory, street,	URY (Home, form, office bldg., etc.)	City or town)	(County)	(Stote)
	21. I certify that I attended alive an	4 .		d at 230 pM, fra		an the date st	
	ACTUAL SIGNATURE	Sculma	M.D.		, , , , , , , , , , , , , , , , , , , ,		

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 23. FUNERAL DIRECTOR'S STATURE ADDRESS

22d. LOCATION (City,

246. REGISTRAR'S SIGNATURE

(State)

24a. REC'D BY REGISTRAR

to Hospital or attending Physician: The law requires that the death certificate be executed within 24 hours after death go 4 may be retained by the hospital or attending physician.  To Fundament of the certificate has been signed by the attending physician and compared by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaun.					•	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within death to a may be retained by the hospital or attending physician.  TO FULL CRAL DIRECTOR. After this certificate has been signed by the attending physician and compared director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours at	24 hours after		in by the funeral	s I and 2-strong	ter death.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. The death of the hospital or aftending physician.  TO FULL STAIL DIRECTOR: After this certificate has been signed by the attending physician and completed or account of the stage 3 should be detached for use as the burial-transit permit. Then please remove carbon paper be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 least the stage of the	y within		y filled	s. Pages	nours aff	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate t death cartificate by the hospital or attending physician.  TO FULL CRAL DIRECTOR. After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbilled with the State Dept. of Health prior to burial, cremation, or removal, and in any event,	be executed		d compa	bon papers	within 72 h	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death death death death ye 4 may be retained by the hospital or attending physician.  TO FULL CRAL DIRECTOR: After this certificate has been signed by the attending director, page 3 should be detached for use as the burial-transit permit. Then please be filled with the State Dept. of Health prior to burial, cremation, or removal, and in	certificate b		physician an	remove car	any event,	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that death the may be retained by the hospital or attending physician.  TO FULL CRAL DIRECTOR. After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit permit. The filed with the State Dept. of Health prior to burial, cremation, or remove	the death		attending p	hen please	al, and in	(
O HOSPITAL OR ATTENDING PHYSICIAN: The law redeals 39 4 may be retained by the hospital or attending to FULL CRAL DIRECTOR. After this certificate has been signification, page 3 should be detached for use as the burial-tran be filled with the State Dept. of Health prior to burial, cremating	equires that	ohysician.	aned by the	sit permit. T	on, or remov	
O HOSPITAL OR ATTENDING PHYSICIAN death 29 4 may be retained by the hospital of FULL CRAL DIRECTOR: After this certificate director, page 3 should be detached for use as the filed with the State Dept. of Health prior to but	: The law r	r attending p	has been sig	e burial-tran	irial, cremati	
O HOSPITAL OR ATTENDING death go 4 may be retained by CO FUN ERAL DIRECTOR: After director, page 3 should be detache be filed with the State Dept. of Hez	PHYSICIAN	the hospital or	this certificate	d for use as th	of the prior to bu	
death ge 4 may ro Fundament DIR. director, page 3 sho be filed with the Sta	ATTENDING	be retained by	ECTOR: After	ould be detached	ste Dept. of Hea	
death Grant	AL OR	e 4 may	AL DIR	ge 3 sho	h the Sta	
	TIESOH O	death	TO FULLER!	director, pag	be filed with	

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Frederick Frederick MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 write RURAL and giva nearest town) 2 weeks Frederick Adamstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? Frederick Memorial Hospital YES INO 3 NAME OF 4. DATE Month Last DECEASED OF (Type or print) DEATH 19 61 Margaret Lee November 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Days Hours WIDOWED | DIVORCED Female June19, 1888 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) U.S.A. Housewafe Feagaville, Maryland none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Aida Harner Joseph Eckenrode 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (If yes give war or dates of service) Mr. Daniel W. Lee, Jr. Adamstown, Maryland No None INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one causa per line for (a), (b), and (c). ONSET AND DEATH HEART BLOCK PART I. DEATH WAS CAUSED BY: week IMMEDIATE CAUSE (a) DUE TO ARTERIOSCLERUTIC HEART DISEASE Conditions, if any, which veavs gava risa to immadiata causa DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY PERFORMED? YES NO TO 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Homa, farm, ) 2Df. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yaar factory, street, offica bldg., etc.) While Not While Hour a.m. at work at work p.m. 22a. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR PHYS. Melicira M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 9 East Church Street Frederick, Md. Dr. Richard C. Reynolds M.D. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 11-4-1961 Frederick, Maryland Mt. Olivet Cometery Burial 24 HUNGRAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS Frederick, Maryland DATE NOV 7 arthur S. Thous & Son

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November 2.

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Mone Mr. Daniel W. Let, Jr. Ldanstonn, Maryland

r. Mehred C. Remolds ... 9 and Carron Street Prince, d.

Burtal 11-1-7061 Nt. Olime Carsory Trederick, Maryland

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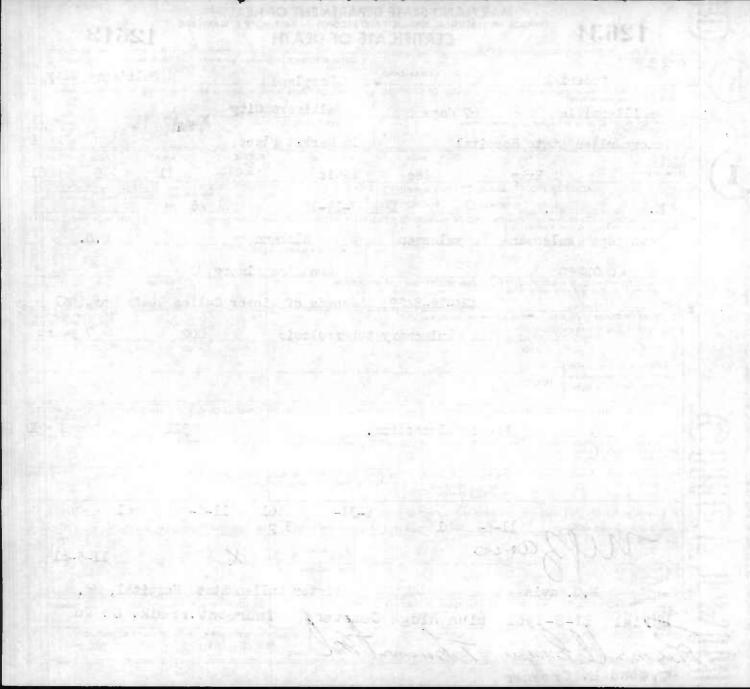
Joseph Belieffele

VR A15 (4) 1SM 9/59

12631

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF E				MARYLAND	2. USUAL RESIDENCE	a see can	l lived. If instituti b. COUNTY		0.1	/
L CITY OF	Frederic		ite   LENGTI	H OF STAY IN 16	c. CITY OR TOWN		rata limite weita l	200		y
RURAL ar	d give nearest tawn)	orone mana, wi					die illilis, wille i	O . /	/	
	illasville		167_d	ays	+	ore City		3V	11.4	OF LOS
OR INSTI	F HOSPITAL (If not in h TUTION	iaspital, give si	reer oddress)		d. STREET ADDRE				e. IS RESID	FARM?
Victo	r Cullen S	tate Ec	spital		16 Market	t Place			YES 🗌	NO 🖺
3. NAME OF DECEASED		First		Middle	Last	4. DATE	Moi	nth D	y Ye	or
(Type or pri	nt)	Erby		Lee	Lewis	DEATH	13	1	19	961
5. SEX	6. COLOR C	R RACE 7.	MARRIED NE	VER MARRIED	B. DATE OF BIRTH		9. AGE (In years		-	
M	W	h WID	OOWED [	DIVORCED T	3_79_75		last birthday)	Months Days	Hours	Min.
10a. USUAL OC	CUPATION (Give kind	of wark dane	10b. KIND OF B	SUSINESS OR INDL	ISTRY 11. BIRTHPLACE (	State or foreign co	iuntry)	12. CITIZEN C	F WHAT CO	UNTRY?
	at af warking life, even	_		lesman	A7.	hema		TT	S.	
13. FATHER'S N	s paper sa	(Clanical of the	58	resman	14. MOTHER'S MAIL	A STORY OF		- 0,	0.	
TE WAS DECE	Unknown ASEDEVER IN U. S. AR	MED SORCES	Tag social se	CUBITY NO. 117 I	Anna .	Lee Elmon		Iress		
(Yes, no, or unknown		or dates of service)	16. SOCIAL SE	CURITY NO. 17.1						
No				16-8489	Records of	Victor	Cullen S			
	OF DEATH [Enter or		per line far (a), (	(b), and (c).]					SET AND D	
PA	RT I. DEATH WAS CAU	SED BY: CAUSE (a)	P	ulmonary	tuberculos	is	002		7 yea	
	002X	DUE TO								
Canditio	ins, if any, which )	(b)								
	se to immediate (	DUE TO								
lying car		(c)								
Z PAI	IT II. OTHER SIGNIFICA		ONS CONTRIBUT	ING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISEAS	CONDITION GI	VEN IN PART 1(a)	19. WAS AL	UTOPSY
ATIO				lcoholis			322	24.1	PERFOR/	MED?
ZOG. ACCII OR CONTI	DENT WAS UNDERLYIN				it • ED. (Enter nature af inju	ry in Port I ar Par	II of item 1B.)		120 📮	
OR CONT	RIBUTING CAUSE O	F DEATH	DESCRIBE HOTE	THOOK! OCCORN	ED. (Emai natore ai inje	,, ,				
				les e	1 CC CC (1 111 18 / (1 1	r loor reti				10
	OF INJURY Month,	W	0d. INJURY OCC Vhile Not v	6-	LACE OF INJURY (Hame octory, street, office bldg		ar tawn)	(Caunty		(State)
W.	p. m.		work at wo	ork 🔲						
21. 1 cert	ify that (I) (this h	naspital) at	tended the c	deceased fram.	8-31-	161ta_	11-5-	161 1	hat (I) (w	e) last
	deceased alive of				death accurred at	3 PM. fram	the causes a	nd an the dat	e stated a	abave.
22o. 3491		10.	1	at. / dita ma					22b.	DATE
	VW.	Lun	10		M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	1:	1-5-61	SIGNED
22c. PHYSI	CIAN'S	1			22d. ADDRESS			ulla. a	, , ,	
NAME	(Type)				772 -A	C77 1	74 - 4 - TT -		6.2	
22- BUBLA: 6	M.G.Z	E THEREOF	[no ++++	ME OF CEMETERY O		Cullen !		shirate-1	(5)	
23a. BURIAL, C REMOVAL	(Specify)						ont Fre	dk. Co	Md (Stote)	
Bur	1a1 11-6	-1961		7	Cemetery	П				
24. FUNERAL D	RECTOR'S SIGNATURE		ADDI	KES /	11 049.11	REC'D BY REGIST		ISTRAR'S SIGNATU		
Yayn	sond O.6	reage	11	memore	1 MIC DAT	ם ו זעייו		A. 70	tall!\	
Raym										



#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CARYLAND

12632 CERTIFICATE OF DEATH

PLACE OF DEATH  • COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)  o. STATE  Money 2 b. COUNTY  The deceased lived, If institution, Residence before admission)
Frederick MARYLAND	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
Emmitsburg rural Overnight	Thurmont 3 rural
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
Home of Daughter	YES NO X
NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Anna Sophia Lingg	DEATH November 5 19 61
6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
emale white WIDOWED TO DIVORCED	March 23, 1890 71 yrs. Months Days Hours Min.
0a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUS	STRY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY
Housewije Own Home	Maryland U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert Wetzel	Susan Little
	INFORMANT Address
Yes_no, or unkown) ((Ifyesgivewarordatesofservice)	
	Michael G. Lingg Thurmont, Md. RD 2
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I, DEATH WAS CAUSED BY:	ONISET AND DEATH
IMMEDIATE CAUSE (a) UCUL WHY	acardial infaction 2 Days
4201 DUE TO	
Conditions, if any, which (b)	
gave rise to immediate ceuse (e), stating the underlying  DUE TO	
cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PERFORMED?
20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCUP	RED. (Enter neture of injury in Part I or Pert II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	
	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour e.m. While Not While	factory, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	m "/+/u/ 19 to "/5/4/ 19 that (I) (we) las
saw the degrased alive on	nat death occured a
220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
Money h. Moneyartas	M.D. PHYS. DIRECTOR PHYS.   "/4/4/
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type George L. Morningstar	Emmitsburg, Maryland
	1001
	RY OR CREMATORY 23d. LOCATION (City, town or county) (State)
30. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER	ny Cemetery nr. Emmitsburg, Md.
30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER St. Antho	
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER BUFFLET 11-8-61 St. Antho	ny Cemetery nr. Emmitsburg, Md.

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word Michael G. Lings Thursont, Md. RD 2

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Histor 11-8-62 St. Anthony Cometery nr. Smilterurg, Md.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH with directar . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTY a. STATE b. COUNTY MARYLAND death. funeral CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) pe RURAL and give nearest town shauld the d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 25 haurs YES NO \_ Ö 3. NAME OF Middle 4. DATE Last Day Year DECEASED OF Pages (Type ar print) DEATH 19 6 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED NEVER MARRIED 9. AGE (In years campletely last birthday) Manths Haurs Days WIDOWED | DIVORCED | yrs popers F 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of warking life, even if retired) pup nog 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COL physician remave 3 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMAN attending NO 1B. CAUSE OF DEATH [Enter anly ane cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH a PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) the DUE TO Fibrosis of Placen à Canditians, if any, which permit gned gave rise to immediate **DUE TO** cause (a), stating the under-2 lying cause last. burial-transit physician 20 peen CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY crematian. PERFORMED? has attending 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate the SO 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, | 20f. (City ar tawn) Month. 20d. INJURY OCCURRED Day, Year (County) (State) 0 use Haur a.m. factory, street, affice bldg., etc.) While Nat while this 0 at wark at wark haspital p. m. After 18/2/ . ta // NaV 19/2/, that (1) two- last 21. I certify that (I) (this hospital) attended the deceased fram 14 Nov detached and that death accurred at 2.50 Morn the causes and an the date stated above. 196/ saw the deceased alive an DIRECTOR: 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. pe M.D. DIRECTOR -22c. PHYSICIAN'S 22d. ADDRESS 0 NAME (Type) shaul AL Guest 23b. DATE THEREOF 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, or county) (State) poge Ę REMOVAL (Specify) he Cremation Frederick Memorial Hospital Frederick 0 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR VR A15 (4) Frederick, Md. DATE 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

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### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12034 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12621

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
	Frederick MARYLAND	a. STATE Maryland b. COUNTY Frederic
	b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearast town)
	write RURAL and give neerest town) Middletown rural 3 mos.	X New Midway rural
ā	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS
	On form Of board	P.O. Keymar RD 2
,	3. NAME OF DECEASED Middle	Last 4. DATE Month Day Yeer
	(Type or print) CHARLES JAMES MOS	DEATH NOV. 13
3		DATE OF BIRTH 9. AGE (In years   IF UNDER I YEAR   IF UNDER 24 HRS.
	Male White   widowed   DIVORCED	June 30.1939 22 birthdey) Months Deys Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Laborer Farm	Fredk Co Md U.S.A
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	George W. Moser	Neva L. Holt
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, Runkown) (Ifyesgivawerordatesofservice) 271, 26-8622	
	No 214-36-8523 Ge	eorge W. Moser.Keymar R.D.2.M.
H	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	
	/912.1 DUE TO UU	
	Conditions, if eny, which (b)	
	gave risa to Immadiata ceuse (a), stating the underlying  DUE TO	
Н	causa last. (c)	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY REPROPERTY.
4	CAT	YES NO
	PRIMARY OF CONTRIBUTING	nter nature of Injury In Part I or Part II of item 18.)
	1.0000101	
3	20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 20e. PLA  Hour orm. 11/13 19 6 While Not While at work of work of work	ory, street, office bldg., atc.) : f M
)	2:30 p.m. 11.13 196 ( While Not While Tack	JRM Middletown mederch-hid
	21. I certify that I took charge of the remains described above, he	d an Autopsy Inspection , Inquiry , and in my opinion
	death resulted from: Natural causes , Accident . Suici	de, Homicide, Undetermined manner
	220	CHIEF MEDICAL EXAMINER
2	SIGNATURE ACTIONALS	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
0	EXAMINER'S THOMAS CA AAA	DEPUTY MEDICAL EXAMINER X FREDERICK 11:14.61
	NAME (Type) 150 1 (TOMBY, ) ( M ()  228. BURIAL, CREMATION,   22b. DATE THEREOF   22c. NAME OF CEMETERY OR	Address (Street, city, town, or county)
	Burial Nov.16.1961 Rocky Hill C	
	23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
1	Raymond E. Creager Thurmont	DATE NOV 1 7 '61 Crithur S. France
3	formond & oretzer	7 A. 1514ML

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CIA-36-8523 Carryo M. Morer, Nevent B.D.S. T.

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MARYLAND	STATE DE	DARTMENT	OF	HEALT
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H DIVISION OF STATISTICAL RESEARCH AND RECORDS; 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12030 CERTIFICATE OF DEATH

12622

1. PLACE OF DEATH	Frederick	MARYLA		e. STATE Mary	lce (Whare		Institution: Resid		dmission)
	if outside corporata limits, d give nearest town)	c. LENGTH OF STAY		c. CITY OR TOWN	(If outside co	rporete limits, write	RURAL end giv	re neerest tow	/n)
d. NAME OF HOSPI	TAL OR INSTITUTION (if no	of in hospital, give street addrass	)	d. STREET ADDRESS					A FARM?
B. NAME OF DECEASED (Typa or print)	First	Middla MAY	-11	PLUNKARD	4. DATE OF DEAT	445			61
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED		oruary 12,		9. AGE (In yeers last hirthdey)	Months Deys		Min.
10e. USUAL OCCUPAT	TION (Give kind of work orking life, even if ratired)	10b. KIND OF BUSINESS OR IN		Maryland		or foreign country)		ISA	COUNTRY
13. FATHER'S NAME			14	. MOTHER'S MAIDEN					
John V	V. Lawson			Lilly	J. Coo				
	/ER IN U.S. ARMED FORCE: If yes give war or dates of servi			E. Herber	t Plun	Address kard-Sam		em #2	
OLA TOPE TOPE TOPE TO THE TOPE	DUE TO (c)  R SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH					/EN IN PART 1(a)	19. WAS PERFO	AUTOPSY ORMED? NO
OR CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF INJ  Hour a.m. p.m.	G CAUSE OF DEATH WEDICAL EXAMINER) URY Month, Day, Yeer 19	20d. INJURY OCCURRED 2 While Not While at work at work		OF INJURY (Home, fai , street, office bldg., at		ity or town)	(County)		(Stete)
	tha (1) (this hospital ased alive on	attended the deceased	fromd	eath occured at	19.60 1 45 PM, fre	om the causes	and on the	date state	ed above
220. SIGNATURE	avel C. Rei	mills,	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	11,	/7/196	SIGNED
22c. PHYSICIAN'S NAME (Type		lds, M.D.		East Chur	ch St.	, Freder	ick, Ma	ryland	
Burial (Specify		Flint Hil		h. Cem.	Fre	ederick C	٥.,	Md.	State)
M. R. Etch	ison & Son,	Frederick, Mary	land	25e. RI	OV 13 16	istrar 25b. RE	GISTRAR'S SIGI		



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

VR A15 (4) 1SM 9/S9

## 12636

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH O. COUNTY  REDERICK  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY  Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  R L D T R I ( K 9 da.)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X Highfield
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION OR INSTITUTION OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) JOHN H. First Middle	PRYOR DEATH 11 22 1961
S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	B. DATE OF BIRTH  Mch - 30 - 1881  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Contractors	USTRY 11. BIRTHPLACE (State or foreign country)  MD  12. CITIZEN OF WHAT COUNTRY?  J • S • A
13. FATHER'S NAME William Pryor	14. MOTHER'S MAIDEN NAME Amansa Brown
	en Pryor Rouzerville Pa.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stating the under.  DUE TO  DUE TO	THOM BOSIS INTERVAL BETWEEN ONSET AND DEATH & DAYS SCLEROSIS VWKNOWN
RNEUMONIA	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO HED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Pl	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) octory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased fram. saw the deceased alive an 11 12 1961, and that 220. SIGNATURE  Whysician's NAME (Type) NELSON G. GOODAN	death accurred at 75 PM, from the causes and an the date stated above.  M.D. ATTENDING MED. DIRECTOR STAFF PHYS. 122-61  22d. ADDRESS 810 TOLL HOUSE AND FREDERICK M.
23a. Burial, CREMATION, 23b. DATE THEREOF Bethel Chur	OR CREMATORY GOD C 23d. LOCATION (City, town, or county) Md (Stote)
Raymond E. Creager Thurmo	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Dathov 2 7 '61 Civiling S. Kinne

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) e. COUNTY a. STATE b. COUNTY Frederick Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b write RURAL end give nearest town) Frederick Frederick ovrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? West Lith.St. YES NOT Frederick County Chronic Hospital 3. NAME OF Middle 4. DATE DECEASED (Type or print) DEATH 13 November 19 61 Lynch One i ma Alexander 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR last birthdey) Months Deys Hours Male White WIDOWEDX DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) U.S.A. Laborer General Frederick 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Miller John P.Quinn Sugan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detas of sarvice) Mrs. Carrie B.Quinn, 409 W. Patrick St, Frederick, INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c). ONSET AND DEATH Intero Salerolis heart disease PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of itam 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20e, PLACE OF INJURY (Homa, ferm, 2Dd. INJURY OCCURRED I 2Df. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) Hour e.m. While Not While at work at work 1950, to 3200 (2, 1961, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from. saw the deceased alive on...... 22e. SIGNATURE 6 SIGNED ATTENDING STAFF DC. DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 228 N.Market St.Frederick, Naryland. B.O. Thomas, Sr. 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stete) REMOVAL (Specify) Frederick. Maryland

Mount Olivet Temetery

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Cirching & France

DATE NOV 1 5 '61

0 VR A15 (4) 15M 9/60

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24 FUNERAL DIRECTOR'S SIGNATURE

M.R. Etchison & Son, Frederick, Maryland,

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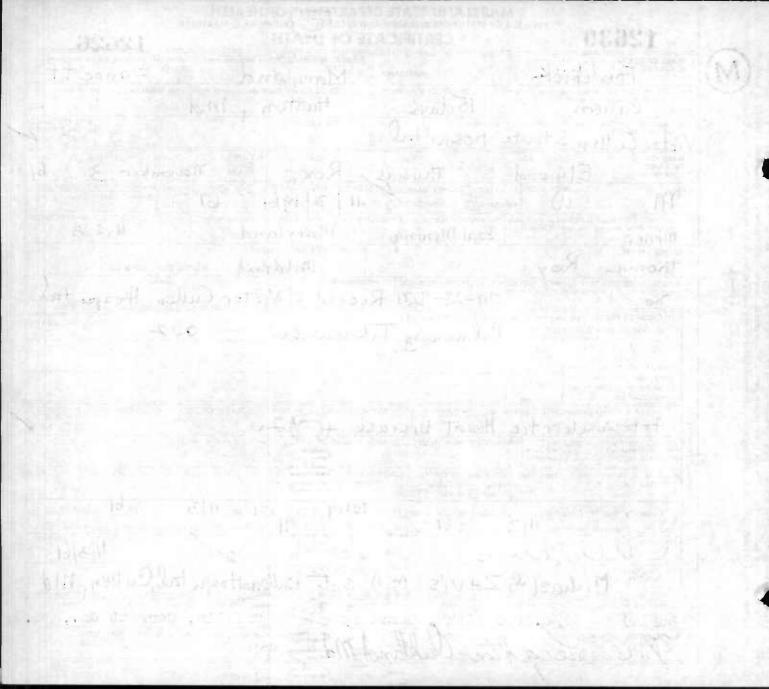
12638

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH g. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) a. STATE b. COUNTY						
Frederick				ID	Maryland Carroll						
	b. CITY OR TOWN (If		ts, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (I	f outside corp	orote limits, write R	URAL ond giv	re nearest to	own)
	Frederick					Mt. Ai	rv		06	X . 2	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION					d. STREET ADDRESS				e. IS I	RESIDENCE	
J	rederick	Memoria Memoria	1 Hc	snital		Park A	ve.			YES	□ NO.□
3. 1	NAME OF DECEASED	Fir		Middle		Last	4. DATE	Mon		Day	Year
		LORENCE		G. RID	DLE	MOSER	DEATH	Novembe	r 29		1961
5. 5	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	] B. D.	ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER T	YEAR IF UN	7
]	Temale	White	WIDOW	ED DIVORCED	] A	10. 24.	1885	76 yrs.			
10a	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	. KIND OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE (Sto	te or foreign	country)			T COUNTRY?
I	Housewife	)	' I	Domestic		Virg:	inia		U.	S.	Α.
13.	FATHER'S NAME				14	I. MOTHER'S MAIDEN	NAME				
	Rober	t L.	Ge	eorge		Floren	ce Ne	eer			
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 1	7. INFOR	MANT		Add	TOA	retts	ville
1	No	- PO DO PER AND DO DO DO DO DO			Mr.	Robert	C. Ric	ddlemose	er, Vi	rgin	ia
	18. CAUSE OF DEAT	TH [Enter only one co	use per li	ine for (o), (b), and (c).]		,	^	. 2		INTERVAL	BETWEEN ND DEATH
	PART I. DEATH WAS CAUSED BY: ( Ar cinisms of the Bladder								ONSE! A	AL e. e K	
	DUE TO										
	Canditions, if any, which ) (b)										
	gove rise to immediate										
	couse (o), stating the <u>under-</u> (c)										
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?										
CATI	CEC										□ NO Q
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II ar Part II af item 18.) OR CONTRIBUTING   CAUSE OF DEATH										
	(IF EITHER, NOTIFY MEDICAL EXAMINER)										
N	20c. TIME OF INJURY	Month, Day, Ye				OF INJURY (Hame, fo		ty ar tawn)	(Ca	unty)	(Stote)
MEDICAL	Hour o. m.  While Nat while factary, street, office bldg., etc.)  p. m.  19 at wark ot wark										
-	21. I certify that (I) (this haspital) attended the deceased fram										
	22b DATE 22b DATE										
	ATTENDING MED. STAFF										
	22c. PHYSICIAN'S 22d. ADDRESS										
	NAME (Type)	Charles	S. F	Putnam, Ir.	,M.I	. Free	derick	, Mary	land		
230	BURIAL, CREMATION	V, 236. DATE THERE	OF.	23c. NAME OF CEMETER				ATION (City, town,		(5	itote)
	BEHOVAL (Specify)	Dec. 1				Reform		rettsvil		irgi	
24.	FUNERAL DIRECTOR'S		1	ADDRESS		25g. RE	C'D BY REGIS		STRAR'S SIGN		III di
(	C. M. Wal	tz. Win	fie	ld, Maryla	nd	DATE	DEC 4	'61 C	Inthus &.	Thank	
		7		1102 3 20							

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	MAK DIVISION OF S	YLAND STATE DI		MORE 1, MARYLAND				
1	12639	CERTIFICA		126	526			
)	1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Wh.	ere deceased lived. If institution: Residence b. COUNTY  9 4	befare odmissian)			
1	b. CITY OR TOWN (If outside corporate limits, write RURAL anggive percest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporote limits, write RURAL ond giv				
+	d. NAME OF HOSPITAL (If nat in hospital, give street a OR INSTITUTION State	tosputal	d. STREET ADDRESS	11X-3	e. IS RESIDENCE ON A FARM? YES NO			
	3. NAME OF DECEASED (Type or print) E wood	Thomas	Rox	4. DATE OF Month DEATH November	3 1961			
	WIDOWEL		11/1/3/196	los birthday) Months D	YEAR IF UNDER 24 HRS. lays Hours Min.			
		al Mining	Maryla	nd u	S, A			
	13. FATHER'S NAME Thomas Roy		14. MOTHER'S MAIDEN N	hed Rebecca Lewis	5			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes. no, or unknown) (If yes, give wor or dates of service)	7-28-9271 R	ecord of V	ictor Culley Ho	spital			
	1B. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gave rise to immediate cause (o), stating the under- lying cause last.  (c)	e far (a), (b), ond (c).]	herculosis	- 002	INTERVAL BETWEEN ONSET AND DEATH			
	PART II. OTHER SIGNIFICANT CONDITIONS CO. Arteriosclerotic He	eart Diseas	ie - 42	0	1(a) 19. WAS AUTOPSY PERFORMED? YES NO			
	OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRED	). (Enter noture of injury in f	Part I ar Part II af item 18.)				
	20c. TIME OF INJURY Month, Day, Year 20d. IN Haur o. m. While at work	Not while foc	CE OF INJURY (Home, farm tory, street, office bldg., etc.	(Ca)	unty) (State)			
1	21. I certify that (I) (this hospital) attended the deceased from 10 19 1961, to 113, that (I) (we) last saw the deceased alive on 113 1961, and that death occurred of 11. M, from the causes and on the date stated above.							
	22a. SIGNATURE LAUN	>		ED. STAFF PHYS.	1/3/61 SIGNED			
	22c. PHYSICIAN'S NAME (Type) Michael & Z	Aui's M.D	Victor Call	en Hospital Cull	en, Md			
	230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 11/6/1961	23c. NAME OF CEMETERY OF Ashby Cemet		23d. LOCATION (City, town, or county) Crellin, Garrett	Co., Md.			
	24. RUNGRAL DIRECTOR'S SIGNATURE	ADDRESS DOM	Ma 250. REC'I	D BY REGISTRAR 25b. REGISTRAR'S SIGN OV 7 '61 Cultury 2.				



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEAT 2. USUAL RESIDENCE (Where decassed lived, If institution: Residence before admission) ly is necessary, e. COUNTY b. COUNTY a. STATE Frederick Maryland MARYLAND Frederick b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 writa RURAL and give nearest town) Airy R.F.D.I Month Mt Airy R.F.D.I d. STREET ADDRESS IS RESIDENCE for d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give streat address) ON A FARM? YES NO State 3. NAME OF 4. DATE Month Dev Middle Lest DECEASED DEATH (Type or print) Debra Airlene 19 Seal IF UNDER 24 HRS. November 20 3 10 9. AGE (In yeers | IF UNDER I YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K B. DATE OF BIRTH 5. SEX lest birthdey) Months 20 may 2 yrt Min. and October I, I96I Hours Female White WIDOWED DIVORCED in pencil in Item 18. Give Pages 1, 2, an Office along with form PM3. Page 5 m ourial-transit permit. File pages 1 and 2 oval, and in any event within 72 hou IDe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Inna. None None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry R. Seal Gladys L. Rosenbalm 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMAN (Yes, no. or unkown) | (If yes give war or dates of service) Henry R. Seal, Mt Airy, R. F. D. I. No None 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Office along w burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO certificate should Conditions, if any, which (b) geve rise to immadiata ceuse "pending" 10 Medical Examiner's DUE TO (a), steting the underlying as couse last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? xecute the certificate, writing the word 2 YES X NO T plnods 20e. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL EXAMINER: to the Chief I WEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Slate) factory, street, office bldg., etc.) While Not While 0 Hour a.m. et work at work prior should be forwarded to th FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X Inquiry X and in my opinion Natural causes X Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Novemder 20,1961 DEPUTY MEDICAL EXAMINER XX B.O. Thomas, M.D. NAME (Typa) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) Morristown, Tenn. 40 0 Noves Chapel Cemetery Burial 246. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Frederick, Maryland DATE NOV 2 2 '61 Circhun S. Krous 5M 7/59 Robert



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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12641

) 1.	PLACE OF DEATH O. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution a. STATE Maryland b. COUNTY	r: Residence befare admission) Frederick
I	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)  LMMI US DUP	c. LENGTH OF STAY IN 16  2 months	c. CITY OR TOWN (If autside carporate limits, write RU  Thurmont—— rural	RAL and give nearest tawn)
9	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION Home of daughter	t address)	d. STREET ADDRESS RD 2	e. IS RESIDENCE ON A FARM? YES NO 🔼
3	NAME OF DECEASED (Type or print) Mary	oseshine,	Sees 4. DATE OF DEATH NOV. 20	19 61
	female white willow	VED DIVORCED	Aug. 28, 1877 Off yrs.	Manths Days Haurs Min.
100	USUAL OCCUPATION (Give kind of work days) during most of working life, even if retired OUSEWITE	Own Home	TRY 11. BIRTHPLACE (State or foreign country) Pennsylvania	U.S.A.
13.	Louis G. Butt		14. MOTHER'S MAIDEN NAME Cecilia Brawne	er
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16		rormant Address. Paul Echenrode Emm	nitsburg, Md.
CATION	Canditians, if any, which gave rise to immediate couse (a), stating the under:    Variable   DUE TO     Variable   DUE TO     Variable   Variable   Variable     Variable   Vari	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		CE OF INJURY (Hame, farm, 20f. (City ar tawn)	(Caunty) (State)
MEDICAL	Haur a. m. p. m.  19 While at wa  21. 1 certify that (I) (this haspital) atten saw the deceased glive an.  22a. SIGNATURE	A De	eath accurred a USM, from the causes and	, 149/, that (I) (we) last
	22c. PHYSICIAN'S NAME (Type) W.R. Cadle		22d. ADDRESS En withburg	Ted,
1	BURIAL, CREMATION, 235, DATE THEREOF 11-23-61	23c. NAME OF CEMETERY OF St. Anthon	y's Cem. nr. Emmitsk	ourg, Md.
24	symon E Ovagu	ADDRESS Thurmont,		TRAR'S SIGNATURE

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1.40,	46		CERTIFICA	TE OF DE	ATH		1262	PQ	
1. PLACE OF DEATH	Frederick		MARYLAND	2. USUAL RESIDE o. STATE	NCE (Where deceo	nsed lived. If institution b. COUNTY	on: Residence be		}
b. CITY OR TOWN RURAL ond give Freder	(If outside corporate lime nearest town)	its, write	c. LENGTH OF STAY IN 16	1 /		porote limits, write R	URAL ond give n	earest town)	
OR INICTITUTION	PITAL (If not in hospitol, of Memorial	_		d. STREET ADI	RD 2			e. IS RESIDE ON A FA YES N	ARM?
NAME OF DECEASED (Type or print)	Minnie	rst	M . Middle	Lost	4. DATE OF DEAT		ith [	Yeo	61
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH May 29,	1875	9. AGE (In years 86st birthdoy) yrs.	Months Doys	-	Min.
10a. USUAL OCCUPA during most of w HOUSEW	TION (Give kind of work retired life, even if retired	done 10b.	kind of Business or Indu		E (Stote or foreign	country)	12. CITIZEN	U.S.A	
13. FATHER'S NAME Unk	nown			14. MOTHER'S M	unknown	1			
1S. WAS DECEASED E	VER IN U. S. ARMED FOI (If yes, give war or dates of		social security No. 17. 1 17-18-8869Mr	. Cloyd	Seiss	Emmits		ld.	
	ony, which immediate DUE To	ac	ne for (o), (b), and (c).]  The Coron	otie /	Leat	- Direc		T yes	
			CONTRIBUTING TO DEATH BU	T NOT RELATED TO T	HE TERMINAL DISE.	ASE CONDITION GI	VEN IN PART 1(0)	PERFORM	TOPS AED? NO
20a. ACCIDENT OR CONTRIBUTI	WAS UNDERLYING AND CAUSE OF DEATH (FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of i	njury in Port I or F	Port II of item 18.)		4	
20c. TIME OF IN. Hour o. r	10	20d. I While at wor	Not while fe	LACE OF INJURY (Ho octory, street, office b		City or town)	(Count	y)	(Stot
	eased alive an A		ded the deceased fram. 3. 196/, and that		2 40 - 400	STAFF		te stated a	bav
229 PHYSICIAN' NAME (Type	-lenry V	1. C	hase	4E	Church	St Fre	dorick	M	1
230. BURIAL, CREMA BURIAL, CREMA	11-26-0	61	23c. NAME OF CEMETERY OF Blue Rid	-	ery 23d. LOC	CATION (City, town, Thurmont	or county) Mary	land (Stote)	

ADDRESS Thurmont, Md.

2So. REC'D BY REGISTRAR DATE OV 2 7 '61

25b. REGISTRAR'S SIGNATURE arihar S. Frans

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	4	2	6	- 2	6 0
	- 8	1	4.3	-	1 7
	- 16		1	7. 7	San Marie

1. PLACE OF DEATH o. COUNTY	durch	MARY	LAND 2.	USUAL RESIDENCE (Who state		If institution: R	esidence before	e admission) ERICK
b. CITY OR TOWN-(If RURAL and prive near	outside carporate limits, wr irest tawn) Of Rick	ite c. LENGTH OF STAY	IN 1b	CITY OR TOWN (IF	utside carporote lin	nits, write RURAL	ond give near	rest town)
d. NAME OF HOSPITA OR INSTITUTION	il (If not in haspital, give st	reet oddress)	1	d. STREET ADDRESS	#/		e	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Bahil	Bay St	HANAB	lost DERGER	4. DATE OF DEATH	Manth	Day	Year 196/
5. SEX Male	2.11. 0	MARRIED   MEVER MARRI	1 3.	ATE OF BIRTH	9. AGI lost		INDER 1 YEAR I	Hours Min.
10o. USUAL OCCUPATION during mast af working None	N (Give kind af work done ng life, even if retired)	None	OR INDUSTRY	11. BIRTHPLACE (Stote Frederick,			2. CITIZEN OF	WHAT COUNTRY
13. FATHER'S NAME	ICTUR SHAP	NABERGER	14	MOTHER'S MAIDEN N	LUTH	CRA	161181	20
	IN U. S. ARMED FORCES? f yes, give war or dates of service)	16. SOCIAL SECURITY NO None	17. INFOR	MANT /	P	Address	hTA.	Ry
PART I. DEAT	H [Enter anly one couse p H WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line far (o), (b), and (c),	ruter				INTER	RVAL BETWEEN AND DEATH
Conditions, if on gove rise to im cause (o), stating the lying couse last.  Part II. OTHE	mediote DUE TO	ons <u>contributing</u> to de	ATH BUT NOT	RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN I	N PART 1(0) 19	. WAS AUTOPSY PERFORMED?
PART II. OTHE  200. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY M	UNDERLYING 20b.  CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY O	CCURRED. (Er	nter nature of injury in F	Port I or Port II of i	tem 1B.)		YES NO
20c. TIME OF INJURY Hour o. m. p. m.	, w	Od. INJURY OCCURRED  /hile Not while wark at work	20e. PLACE ( foctory,	OF INJURY (Hame, farm street, office bldg., etc.	20f. (City or tow	vn)	(County)	(State
	(1) (this hospital) at ad alive an	tended the deceased 19, and  EFF WEIL		accurred at \$155	The State			
23a. BURIAL, CREMATION REMOVAL (Specify)	11-22-1961	23c. NAME OF CEM			23d. LOCATION (C			(State)
Robert E.	Dailey and S	ADDRESS		25o. REC'I	OV 2 4 '61	25b. REGISTRA		
2069255	XVX							

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Vaccory i. Dailey and son Production, Maryland

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Frederick, Northern

U.S.A.

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12631

writ				ARYLAND	Mar y	land	11	rederi	lck
	derick	if outside corporate limits d give neerest town)	c. LENGTH O	F STAY IN 16		(If outsida corporete lerick	limits, write RURAI	end give	nearest town)
d. NAM	ME OF HOSPI	TAL OR INSTITUTION (if	not in hospital, give street	t address)	d. STREET ADDRESS				. IS RESIDENCE
718	North	Market Str	eet		718	North Mar	ket Stree	et	YES NO X
3. NAME DECEA (Type or	ASED	First NORA	Mid BLA	ole NCHE	SMITH	4. DATE OF DEATH	Month	Dey er 26	Yeer 1961
5. SEX		6. COLOR OR RACE	7. MARRIED NEVER M	ARRIED 8	. DATE OF BIRTH	9. AG	E (In years   IF UND		IF UNDER 24 HRS.
Fema	ale	White	MT.	ORCED	7 Jan 1890	last 7	pirthday) Month	s Deys	Hours Min.
done durin	AL OCCUPAT ng most of wo	TON (Give kind of work orking life, even if ratirad	At Home	SS OR INDUSTR	Y 11. BIRTHPLACE (Cou Unionvil		n country)   12.	USA	F WHAT COUNTRY
13. FATHE	R'S NAME				14. MOTHER'S MAIDEN	NAME			
Milt	ton Sm	ith			Louisa For	eman			
1S. WAS D (Yes, no, or No	PECEASED EV	ER IN U.S. ARMED FORCE If yes give wer or detes of se	(ES?) 16. SOCIAL SECUR 217-28-7		NEORMANT S. Nadine S.	Miller	Address (Same as	item	#1)
		DEATH [Enter only one of the WAS CAUSED BY: IMMEDIATE CAUSE (e)	ceuse per line for (e), (b),		bosis				ERVAL BETWEEN ISET AND DEATH
geve ri (a), st		inderlying DUE TO	Diabe		ellitus	inal disease coni	DITION GIVEN IN F		J
	NTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER	206. DESCRIBE HOW IN	JURY OCCURED	. (Enter neture of injury in	Part I or Part II of ite	em 18.)		
0	Hour a.m.	JRY Month, Day, Year	20d. INJURY OCCUR While Not While et work et work	fact	CE OF INJURY (Home, far ory, street, office bldg., etc		own) (	County)	(Steta)
saw 1	the decem	NO Y	il) attended the dec	eased from	Oct. 21 death occured 7a.5	195.1 toNo	v.21,	19.6.1, ton the da	ate stated above
120	SIGNATURE	fon!	Daxter	M	.D. PHYS.		TAFF HYS.	28 Nor	22b. DATE v 1961 SIGNED
	HYSICIAN'S		er, M. D.		14 E. Chur	ch St., F	rederick	, Md.	
BUT 1	AL, CREMAT	11-29-61			or crematory Cemetery		ck, Mary		(State)
24 FUNER	AL DIRECTOR	r's signature d'son & Son	Frederick,	Marylan	d	C'D BY REGISTRAR	25b. REGISTRA		TURE

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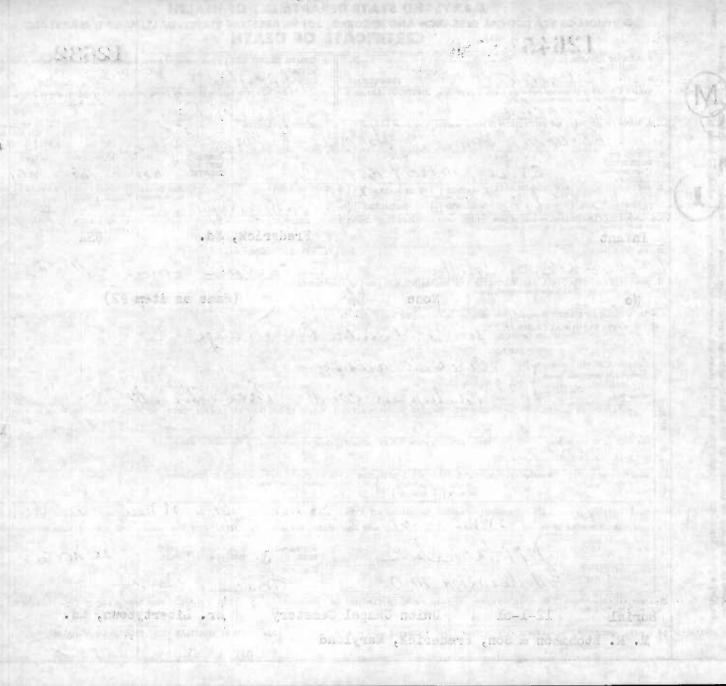
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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1 4) 11 / 2

(204)	4000
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whare deceased lived, If Institution) Religionics before edmission)
TREDERICK MARYLANI	o. STATE ARY (and b. COUNTY FREDERICK.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
FREDERICK	11 Fornavit
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress)	d. STREET ADDRESS   o. IS RESIDENCE
FREDERICK MEmorial Host	0 223 W. PATRICK STREET YES NO DE
J. NAME OF First Middle	Last 4. DATE Month Day Yeer
(Type or print) STULL, BABY BOY	DEATH NOV 25 1961
5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH.  9. AGE (In years   If UNDER 1 YEAR   IF UNDER 24 HRS.    And the property of the property o
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	JSTRY   11. BIRTHPLACE (County/& State, or foreign country)   12. CITIZEN OF WHAT COUNTRY
Infant	Frederick, Md. USA
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GEORGE WESLEY STULL	GERALDINE LOUISE MERCER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unknown) i (Ifyesgivewerordatesofservice)	7. INFORMANT Address
No None /	(Same as item #2)
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) INTER VEHTACELLE	Car humanhage ONSET AND DEATH
761,5 DUE TO	
701.0	
geve rise to immediate cause	eyea
(a), steting the underlying DUE TO	1. 1. 7
cause last. (c) [nelepreal C	and Memaherely
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION OF VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
<u> </u>	AE2 NO X
20%. ACCIDENT WAS UNDERLYING   20%. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRED. (Entar natura of injury in Part t or Part II of item 18.)
Hour a.m. WhileNot While	PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
	om. 28 Mr. 1961, to 26 MM, 1961 that (I) (we) last
saw the deceased alive on 27 had 1961, and the	hat death occured at 2.5.M, from the causes and on the date stated above.
220. SIGNATURE	ATTENDING MED. STAFF 28 WV 6
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) F. J. HELDRICH M.O.	Indeud, hid
23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETER BURIAL (Specify) 12-1-61 Union Chape	
44 FUNERAL DIRECTOR'S SIGNATURE Son, Frederick, Mary	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
M. R. LUCHISON & DON, Frederick, Mary	DATE DEC 4 '61 Outling & Hugen
	Uru 4 DI Classing & Three

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	10 10 1 (3					LAUI	
1. PLACE OF DEATH	1		2. USUAL RESIDE	ENCE (Where dec		tution: Residen	ce before edmission
	Frederick	MARYLAND	e. STATE	ryland	b. COUNTY	Freder	rick
b. CITY OR TOWN (	if outsida corporete limits,	c. LENGTH OF STAY IN 15	c. CITY OR TOWN	N (If outside corpo	rete limits, write RU	RAL end give	neerest town)
Adamstown	give neerest town)	Years	X	damstown			
	TAL OR INSTITUTION (if n	ot in hospital, give street eddress)	d. STREET ADDRES				a. IS RESIDENCE
							YES NO
3. NAME OF DECEASED	First	Middle	Lest	4. DATE OF	Month	Day	Yeer
(Type or print)	AVY	GERZELDIA	THOMAS	DEATH	Novembe	er 6,	1961
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In yeers IF I		IF UNDER 24 HRS.
Female		WIDOWED DIVORCED	October 5,	1885	76 yrs.	onths Deys	Hours Min.
done during most of we	ION (Giva kind of work orking life, even if ratired)	106. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Co	ounty & State, or f	oreign country)	12. CITIZEN O	F WHAT COUNTRY
House-wor		At Home	Marylan	d		Ţ	JSA
13. FATHER'S NAME			14. MOTHER'S MAIDE				
John	Michael Hah	n	Ma	rgaret E	llen Werk	cing	
15. WAS DECEASED EV	ER IN U.S. ARMED FORCE	S?   16. SOCIAL SECURITY NO.   17.	INFORMANT		Address		
(Yes, no, or unkown) (I	fyes give we rordetes of serv	217-10-9375A M	r. Ralph G.	Thomas-S	ame as It	em #2	
18. CAUSE OF I	EATH [Enter only one ce	use per line for (a), (b), end (c).]					ERVAL BETWEEN
	H WAS CAUSED BY:	Rente Con	rdice ?	ma Per	NR	21	SET AND DEATH
25	IMMEDIATE CAUSE (a)					-	-
Conditions, if eny	DUE TO	12. T. 00 . D.	esix			50	nast
geve rise to immed	iete ceusa	course scen	2000				
(e), stating the u	nderlying DUE TO	A Kan E	do mae			12	10.4
cause lest.	) (c)	WALLSTONE TO BEATH BUT	TOT BELLATED TO THE TER	MINIAL DISEASE C	ONDITION CIVEN		IP. WAS AUTOPSY
PART II. OTHER	R SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT	NOT KELATED TO THE TEK	WINAL DISEASE C	ONDITION GIVEN		PERFORMED?
20e ACCIDENT W	AS UNDERLYING   2	Ob. DESCRIBE HOW INJURY OCCUR	ED. (Enter netura of injury	in Part I or Pert II	of item 18.)		120 [ 110 [20]
OR CONTRIBUTING	MEDICAL EXAMINER)						
	1	LOO L BUILDY O COURSES LOO B	LACE OF INITIAL A	206 (6:1	Americal	(County)	(Stete)
20c. TIME OF INJU	JRY Month, Day, Yeer		LACE OF INJURY (Home, factory, street, office bldg.,		or lown)	(County)	(31616)
p.m.	19	at work at work					
21. I certify t	hat (I) (this hospital	) attended the deceased from	16	, 1950 to	Iron 6	, 19CL, 1	hat (I) (we) la
		2.5 19.61, and th					
22a. SIGNATURE							22b. DATE
	BA	20	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.		17 /7 /67 SIGNE
22c, PHYSICIAN'S	land,	norman	22d. ADDRESS			•	LL/ 1/ VIL
NAME (Type)	B. O. T	homas, M.D.	Professi	ional Bui	lding, Fr	rederic	k, Maryla
23a, 8URIAL, CREMATI	ION, 23b. DATE THEREC		Y OR CREMATORY	23d. LOCA	TION (City, town	or county)	(State)
REMOVAL (Specify)				Fran	deniek		Md.
Burial	Nov.9.196	Mount Olivet			derick,	TDAD'S SIGNA	
24 FUNERAL DIRECTO	y signiture leh			NOV 1 3 '6		Chur & Th	
M B TTO	higan & Son	Frederick, Marvl	and DATE	1101 10			

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DIV	/ISION 6	A	AARYL	AND STATE D	EPARTMENT				DWI A NID	
DIV	12	647	KESEARC	CERTIFICAT	TE OF DEAT	TH.	r, BALTIMO	L2634	KYLAND	
	OF DEATH			Item 9 Fill	G300 11/1	5/61 m ENCE (Whare of	lacaasad livad, If	institution: Rasi	denca bafora	edmission)
a. COUN	Freder	rick		MARYLAND	a. STATE	to an all	b. COU	-	33-1	
b. CITY C	OR TOWN (IF	outside corporate limits.	c.	LENGTH OF STAY IN 16	c. CITY OR TOW	N (If outside con	porata limits, writ	a RURAL and gi	derick va nearast to	wn}
Frede		giva nearast town)		7 Hours	X Fr	ederiek	-Riral-R	D.#).		
		AL OR INSTITUTION (if	not in hospital		d. STREET ADDRE					RESIDENCE
Fre	derick	Memorial H	esnita	1	Chu	rch Hil	1			A FARM?
NAME O	OF	First	o paro	Middle	Last	4. DATE	Mont	h D	ay Ye	ar
(Typa or		BENJA	MTN	RODNEY	THOMAS	OF DEATE	Nov	ember	6, 19	61
5. SEX		6. COLOR OR RACE 7			8. DATE OF BIRTH	19	9. AGE (In years			R 24 HRS.
Male			WIDOWED [		Unknewa		802 yrs.	Months Day	s Hours	Min.
IOa. USUAL	OCCUPATION	ON (Giva kind of work	la.	OF BUSINESS OR INDUST	TRY   11. BIRTHPLACE (C	ounty & Stata, o		12. CITIZET	OF WHAT	COUNTRY?
	rn Lab	king life, even if ratired)		Farming	Mar	yland		U	SA	
3. FATHER			1		14. MOTHER'S MAID	10.000	4 4			
		Samuel The	mas		A	nn M. H	argett			
S. WAS DE	CEASED EVE	R IN U.S. ARMED FORCE	5?   16. 500	CIAL SECURITY NO.   17.	INFORMANT		Addrass			
No.	unkown) (It	yas give war or datas of serv	Non Non	e 1	diss May I.	Thomas-	Same as	Item #	2	
	USE OF DI	ATH Enter only one ca			./	_			INTERVAL BE	
PA		WAS CAUSED BY:	(1)	releval	Hema	rlia	00		ZO TA	DEATH
	201	X DUE TO		7		0				
Conditio	ons, if any,		N	yperle	KLON.				3420	,±
gava ris	a to immedia	ta causa		11					0	
(a), stat	ting tha un	darlying (c)		V						
PAR	T II. OTHER		ONS CONTRIE	UTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE	CONSITION GIV	VEN IN PART 1(a		
	onas	still the	Jus	o deso X	auno te	uxi no	heart	die	YES T	ORMED?
20a. AC	CIDENT WA	S UNDERLYING 2 2	Ob. DESCRIB	E HOW INJURY OCCURE	D. (Entertatura of injury	in Part I or Part	II of itam 18.)	00 -01	]	
OR CON	R, NOTIFY	CAUSE OF DEATH								
20c. TIA	ME OF INJUR	Y Month, Day, Year	20d. INJU	RY OCCURRED   20a, PL	ACE OF INJURY (Homa,	farm, 20f. (Cit	y or town)	(County)		(Stata)
<u>а</u> н	our a.m.		Whila at work	Not Whila fa	ctory, streat, office bldg.,	atc.)				
	p.m.	19	-		24,40	10/	( MAII.	10/1	1.1.10	( - ) I - i
				the deceased from	death occured			, 19.6		
	GNATURE	ed alive on	A	Iy.Lo/, and the	n death occured	ALZAM, Iron	n ine causes	and on the		b. DATE
10	0,00	11/10	,00,	1	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		11/7	SIGNED
22c. PH	YSICIAN'S	CA CO	uce	WY.	M.D. PHYS. 22d. ADDRESS	DIRECTOR [				702
NA.	AME (Type)	Charles H.	Conle	Jr., M.D.	Professi	onal Bu	ilding,	Frederi	ck, Ma	ryland
3a. BURIAL	, CREMATIC	N, 236. DATE THEREC		c. NAME OF CEMETERY	OR CREMATORY	23d. LOC	ATION (City, to	wn or county)	(:	Stata)
REMOVA	L (Spacify)	Nev -9 - 196		Mount Olive	Cemetawar	Fr	ederick,		Maryla	ind
		SIGNATURE Z	1	ADDRESS	25a.	REC'D BY REGIS	TRAR 256. RE			
M. R.	Etchi	son & Son.	Freder	ick, Maryla	nd DATE	NOV 1 3 '6	51 a	inthun & t	raus	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death toge 4 may be retained by the hospital or attending physician.

S TO FUTERAL DIRECTOR: After this certificate has been signed by the attending physician and compared by filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

# MARYLAND STATE DEPARTMENT OF HEALTH

of statistical research and records, 301 w. preston street, baltimore 1, maryland 12648 CERTIFICATE OF DEATH 12635 12635

1		2. USUAL RESIDENCE (Where decaesed lived, If institution: Residence bafore edmission)
	Frederick MARYLAN	e. STATE b. COUNTY
-	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN	mice y accord
	write RURAL and give nearest town) Frederick 6 years	
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	// Frederick  d. STREET ADDRESS  a. IS RESIDENCE
		ON A FARM?
	16 James Street	16 James Street YES NO X
3	NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer OF
	(Type or print) Anna Madelyn	Viessman DEATH November 22, 1961
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.   lest birthdey   Months   Days   Hours   Min.
	Female White WIDOWED DIVORCED	June 15, 1889   Rest birthdey   Months Days Hours Min.
	0e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INT	
Т	done during most of working life, even if retired)  Housekeeper Retired None	Baltimore, Maryland U.S.A.
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Take Wasser	Eleanor Hilligist
-	John Viessman  5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	
	Yas, no. or unkown) ((fyesgive werordetesofservice)	
		Mrs. D.B. Watson 16 James Street Frederick, Md.
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  OUTPLANT	welly obline
	420,1 DUE TO 11	D. D. O
	Conditions, if any, which \ (b)	had surfacilien 2 mouth
	geve rise to immediate ceuse	1.1
	(e), stating the underlying cause lest.	Leulina
1		UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
1		PERFORMED?
3	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCC	CURED, (Enter natura of injury in Pert I or Part II of item 18.)
J. Carrotte	OR CONTRIBUTING CAUSE OF DEATH	CORED. (Enter natura of injury in rest to rest if of heat to.)
1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20d.	e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., atc.)
1	Hour a.m. While Not Whila et work et work	
	21. I certify that (I) (this hospital) attended the deceased for	rom, 19, to, 19, that (I) (we) last
		that death occured at
	22a. SIGNATURE /	22b. DATE
	Rubert & Harden	M.D. PHYS. MED. STAFF PHYS. DIRECTOR PHYS. 11-22-1961
	22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS.
	NAME (Type)	M.D. 7 East Church Street Frederick, Md.
=	38. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEME	
1	REMOVAL (Spacify)	The Table and Manual and
-	Burial 11-25-1961 Trinity Ce	
1	TUNERAL DIRECTORS SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Robert E. Dailey and Son Frederick,	Maryland DATE NOV 2 4 '61 Orthur & Kinns
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Frederick

Juno 15, 1899

Raltimore, Maryland U.S.A.

Cheuror Hilliard

ins. D.B. Mateon ho dame Street Prederick, Md.

11-2-1961

r. Robert S. Hughes H.D. 7 East Cauron Street Frederick, Id.

uriol 11-5-161 Trinity Constry

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND

CERTIFICATE OF DEATH 12649

1. PLACE OF DEA	TH			2. USUAL	RESIDENC	E (Where dacease	ed lived, If inst	itution: Raside	nce bafora admission)
	rederick		MARYLAND	e, STATI	Mary	land	b. COUNTY	Fred	erick
b. CITY OR TOWN	N (if outside corporete limend give neerast town)	its,	c. LENGTH OF STAY IN 16	c. CITY	OR TOWN (If	outside corporeta	limits, write RL	JRAL and give	neerest town)
Frederic			Years	11	Fred	erick			
	SPITAL OR INSTITUTION	(if not in hosp	itel, give street address)	d. STREE	T ADDRESS				e. IS RESIDENCE
	k Memorial			/ 719	7 Trail	Avenue			YES NO
3. NAME OF DECEASED	Firs		Middle	Last		4. DATE OF	Month	Dey	Yeer
(Type or print)	SAR		MARGARET	WACH	TER	DEATH	Novem	ber 6,	19 61
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BII	RTH	9. AC	E (In yeers   IF		
Female	White	WIDOWED		March 25	5, 1903	3   58	birthdey) M	onths Deys	Hours Min.
10a. USUAL OCCUP	ATION (Give kind of wor	k   10b. KIN	D OF BUSINESS OR INDUS			& Stete, or foreig	gn country)	12. CITIZEN	OF WHAT COUNTRY
Food I	working life, even if retir	Sche	ool Cafeteria	M:	arvland	1		I	JSA
13. FATHER'S NAME		DOM	PAT OUTCOOLTE		R'S MAIDEN N	-			
	Charles E.	McMnl	en			Etta Mo	leswor	th	
15. WAS DECEASED	EVER IN U.S. ARMED FO		OCIAL SECURITY NO. 1 17.	INFORMENT		2000	Address		
(Yas, no, or unkown)	(If yes giva war or detes of	sarvica)				farmed alon		Them	410
				s. Glor:	la W. A	lorrison-	-Same a	3 Trem	#4
	F DEATH [Enter only on	ceuse per lin	na for (e), (b), end (c).						NSET AND DEATH
PART I. DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a	Glen	revaluel	Carre	manna	toris			2 months
153,1	DUE TO		gu						
Candidana W.		00.		~1	- the	Con			1
Conditions, if a		une	notazino	na 1	10.0	· cea	,		year
(a), steting tha	DITE TO	)							•
cause lest.	) (c								
PART II. OTI	HER SIGNIFICANT COND	ITIONS CONT	RIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMIN	AL DISEASE CON	DITION GIVEN	IN PART 1(e)	19. WAS AUTOPSY
II.									YES NO
	WAS UNDERLYING	2Db. DESC	RIBE HOW INJURY OCCUR	D. (Enter neture	of injury in Po	ert I or Pert II of it	em 18.)		
OR CONTRIBUTION	NG CAUSE OF DEATH								
			JURY OCCURRED   20e. PI	ACE OF INJURY	/ (Nama farm	' 20f. (City or I		(County)	(Stete)
20c. TIME OF IN		While		ctory, street, offi		201. (City of it	5 W 11)	(county)	(31010)
p.n		et work							
21. I certify	that (I) (this hosp	ital) attend	ed the deceased from	morch	30 1	959 to N	cr6	19.6/	that (I) (we) las
	ased alive on.		196/ and the	al death occ	ured 2:20				
22e. FIGNATUR		10	//	i dodin deci	u, ou o				22b. DATE
	0 4 - 1/	1/2	100	ATTEND PHYS.			TAFF HYS.		11/75/61
22c. BAYSICIAN	enry 1	CN	with the same of t	M.D. PHYS.		KLCTOK LJ 1			11/1/01
NAME (Ty	pel	ce M	n		_	ook Street	at Ene	derick	Maryland
23a BURIAL CREM	H. W. Cha		23c. NAME OF CEMETERY			23d. LOCATIO			(Stete)
REMOVAL (Speci	ify)		Mount Olivet				rick, M		
Burial	Nov.8.1	701		Oeme ve.					
24 FUNERAL DIRECT	VIAN X ATA	more	ADDRESS	2	ZSe. KEC	OV 1 3 61		Thung & A	
M. R. Etc	enison & Son	, rrea	erick, Maryla	TI AL	DATE			1 4. /	NAMES.

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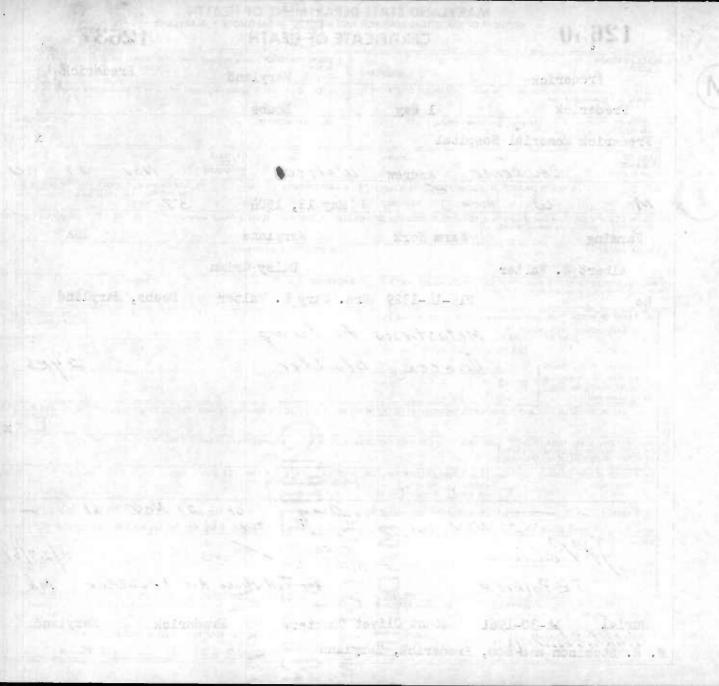
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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12637

1. PLACE OF DEATH a. COUNTY Fred	erick	MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Frederick							
	stside corporate limits, write st tawn)	c. LENGTH OF STAY IN	1b c. C	ITY OR TOWN (IF a	autside corpor	rate limits, write R	URAL ond	give nea	irest tawn	1)
OR INSTITUTION	(If not in haspital, give street Memorial Hosp		d. 9	TREET ADDRESS						FARM?
3. NAME OF DECEASED (Type or print)	First	Middle Andrew	WAI	teres.	4. DATE OF DEATH	No		Day		Year
5. SEX 6.	COLOR OR RACE 7. MAR WIDOW			12. 1904		9. AGE (In years lost birthdoy) 57 yrs.	Months Months	R 1 YEAR Days	Hours	Min.
10a. USUAL OCCUPATION during most of working Farming 13. FATHER'S NAME		KIND OF BUSINESS OR II		Marylane OTHER'S MAIDEN N	d	ountry)	12.CIT	USA	WHATC	OUNTRY
	W. Walter			Daisy (	Crimm					
15. WAS DECEASED EVER IN (Yes, no. or unknown) (If y	es, give war or dates of service)		17. INFORMAI Mrs • Ma	iry E. Wal	lter	Doubs		ylan	ıd	
Canditions, if any, gove rise to imm couse (o), stating the lying cause lost.	ediote DUE TO	eTastAscs 2NCER	blad	der				2	yr.	5
CATIC	SIGNIFICANT CONDITIONS  JNDERLYING   20b. DES	CONTRIBUTING TO DEATH					VEN IN PA	RT 1(a) 1	PERFO	AUTOPS'
20a. ACCIDENT WAS I OR CONTRIBUTING UIF EITHER, NOTIFY ME 20c. TIME OF INJURY Hour o. m. p. m.		Not while		NJURY (Home, farmet, office bldg., etc		or town)		(County)		(Stot
	l) ( <del>this hospit</del> al) attended alive an 27 No									
220. SIGNATURE	Poirier		M.D. PH	YS. D	NED. DIRECTOR [	STAFF PHYS.		,	1/2	SYGNE
22c. PHYSICIAN'S NAME (Type)	R PoiRIER		220	d. ADDRESS	louse A	ve FRE.	DERIC	K,	Me	L
230. BURIAL, CREMATION, REMOVAL (Specify) Burial	11-30-1961	23c. NAME OF CEMETE Mount Olive		tery	Free	TION (City, town, derick		Mary	(Stot	
M. R. Etchis	on and Son. F	address rederick. Ma	rvland		D BY REGIST		ISTRAR'S S			



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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

19651		CERTIFICA	IE OF DEATH		12638
1. PLACE OF DEATH					ution: Residence befare admission)
a. COUNTY	ederick	MARYLAND	o. STATE	b. COUNT	Frederick
b. CITY OR TOWN (I	If autside carporate limits, write	c. LENGTH OF STAY IN 16			RURAL and give nearest town)
Frederic		Davs	Adams	at own	
d. NAME OF HOSPIT	TAL (If nat in haspital, give stre	et address)	d. STREET ADDRESS	1001122	e. IS RESIDENCE
	emorial Hospit		1		ON A FARM?
3. NAME OF	First	Middle	Last	4. DATE M	onth Day Year
DECEASED (Type or print)	NELLIE	BLANCHE	11/0/600	OF	mber 4. 1961
5. SEX		ARRIED XXNEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yea	
		WED DIVORCED		7.1878 83 ye	) Manths Days Hours Min.
Female	11313.00	06. KIND OF BUSINESS OR INDU			12.CITIZEN OF WHAT COUNTRY
during most of worl	king life, even if retired)	At Home		irginia	USA
Housewife  13. FATHER'S NAME		AU HOME	14. MOTHER'S MAIDEN		
	am C. Stonebur	man		cah E. Smith	
	R IN U. S. ARMED FORCES?		NFORMANT		dulrass A
(Yes, no, or unknown)	(If yes, give wor or dates of service)			Walters, Balt	Te Avenue,
N•			· U. Vallull	Herrorra, Balt	
	ATH [Enter only one cause per	r line for (o), (o), and (c).		1 1 -	ONSET AND DEATH
PARI I, DEA	ATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	ACU FE	MANDE GUOVE	hal intavel	iw Zeley
42011	DUE TO	71			2
Canditions, if o	ony, which )	COLONGO	in Polero	15.5	
gave rise to i		50 7 7 5 5 5 5	1		
lying cause last.	the under-		,		
_	HER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT	I NOT RELATED TO THE TERM	AINAL DISEASE CONDITION (	GIVEN IN PART 1(o) 19. WAS AUTOPS
ATIO					PERFORMED? YES Y NO F
20a. ACCIDENT WA	AS LINIDEDIVING TO 206 D	ESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in	Port Lor Port II of item 18.)	ILS LIK NO L
□ OR CONTRIBUTING	CAUSE OF DEATH	ESCRIBE HOW INJORT OCCORRE	.b. (Ellier holore of injury in	Tan Tan Tan II ar Ben Tan	
		I INTERNACE CONTRACTOR 20- PI	ACE OF INJURY (Home, fare	m, 20f. (City or town)	(County) (Stat
20c, TIME OF INJUR Hour a. m. p. m.	Wh	ile Not while fo	octory, street, office bldg., et		(Caumy) (Sidi
∑ p. m.	19 of v	vork ot work		1	
21. I certify the	at (1) (this haspital) atte	nded the deceased fram		961.ta	, 1921, that (I) (we) la
saw the deceas	sed alive an	-4-196/ and that	death accurred at 3	M, fram the causes	and an the date stated above
220. SIGNATURE	1 200	0	ATTENDING _	NED CTASE	22b. DATE SIGNE
/-	1. Miller	olum	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	
22c. PHYSICIAN'S			22d. ADDRESS	. Ama Fradani	ale Wa Illedi.
(. /pe/	Louis R. Scho	oelman, M.D.	Tell nous	e Ave.,Frederi	UK, #4. // 7/6/
23a. BURIAL, CREMATIC		23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, town	
Burial (Specify)	Noy . 8 . 1961	Mount Olivet	Cemetery	Frederick,	Maryland
24. FUNERAL DIRECTOR		ADDRESS			GISTRAR'S SIGNATURE
W. R. C.	I Son Fr	rederick, Marvla	and DATE N	10V 7 '61 C	Tribuy S. Hraus

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MARYLAND	STATE	<b>DEPARTMENT</b>	OF HEALTH
ON OF STATISTICAL	RESEARCH	AND RECORDS B	ALTIMORE 1, MARYLAND

19659

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTI
CERTIFICATE OF DEATH

12639

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1. PLACE OF DEATH  o. COUNTY PRED FRIAN	MARYLAND	2. USUAL RESIDENCE (W		institution: Residence	before admission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits,	write RURAL and giv	re nearest town)
RURAL ond give neorest town)  FREDER IN K	SDAYS	LINIAN A	RRIDGE	RIIRA	L 16x-2
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	d. STREET ADDRESS	MIDGE	7,011.7	e. IS RESIDENCE ON A FARM?	
MEMORIAL HOSP	LADIES	BURG		YES NO	
3. NAME OF DECEASED (Type or print) AMID F. D.	Middle VINC	Lost	4. DATE OF DEATH	Month	Day Yeor 19/0/
5. SEX   6. COLOR OR RACE   7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In lost bir		YEAR IF UNDER 24 HRS.
M WIDOWE	D DIVORCED	APRIL 1-188	75	yrs. Months D	Poys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	e or foreign country)	12. CITIZE	EN OF WHAT COUNTRY?
FARMER ON	IN FARM	MARY	LAND	6	151
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN	NAME		
JOHN YINGL	ING	NELLIE	FUSS	Address	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, no, or unknown)   If yes, give war ar dates of service)	SOCIAL SECURITY NO. 17. IF	NFORMANT	11110 1111	Address 73 3 44	MD DA
140	20-34-1367 1	- LLIT /INGL	ING HA	ON BRIL	OGE KUKIT
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	naestwe	least Fas	lure		ONSET AND DEATH
La A DUE TO		11			
Conditions, if ony, which ) (b)	terio ecler	the Vears	Luseas	e	
gove rise to immediate couse (o), stating the under-					
lying couse lost. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	WINAL DISEASE CONDITI	ON GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	n Port I or Port II of item	18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. 19 While of work	Not while fo	ACE OF INJURY (Home, for ctory, street, office bldg., e		(Co	ounty) (Stote)
21. I certify that (I) (this hospital) attended	ed the deceased from	Oct. 1	961, to NOV	. 2 2 196	, that (I) (we) last
saw the deceased alive an Nov. 2	2 196/, and that a	death accurred at	&.M, fram the cau	ses and an the	date stated above.
220. SIGNATURE	2100	M.D. ATTENDING	MED. STAFF DIRECTOR PHYS.	11/2	22b. DATE SIGNED
22c. PHYSICIAN'S	WVIL_	22d. ADDRESS	DIRECTOR   PH13.		4
NAME (Type) A AUSTIN	PEARRE		Tride	will !	hd.
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City.	town, or county)	(Stote)
BURIAL NOV 25-1961	HAUGHS		FREDER	ICK C	o MD
PATFUNERAL DIRECTOR'S SIGNATURE	ADDRESS A LACE		C'D BY REGISTRAR 2S	b. REGISTRAR'S SIGN	
OUTHER THE THE WAY	mon singe	Jul DATE			

